

110.21 **ARTICLE 3**  
110.22 **SAFE AND HEALTHY DEVELOPMENT OF CHILDREN,**  
110.23 **YOUTH, AND FAMILIES**

339.1 **ARTICLE 10**  
339.2 **MISCELLANEOUS**

339.3 Section 1. **[3.0995] LEGISLATORS; DRUG TESTING.**

339.4 (a) To be eligible for compensation and expense reimbursements, a legislator must  
339.5 undergo drug and alcohol screening, to the extent practicable, following the established  
339.6 procedures and reliability safeguards provided for screening in sections 181.951, 181.953,  
339.7 and 181.954. Legislators may be required to undergo random drug screening. Legislators  
339.8 must provide evidence of a negative test result to the house controller for members of the  
339.9 house of representatives or the secretary of the senate for members of the senate prior to  
339.10 receipt of any compensation or expense reimbursement.

339.11 (b) A laboratory must report to the house controller for members of the house of  
339.12 representatives or the secretary of the senate for members of the senate any positive test  
339.13 results returned on a legislator. Upon receipt of a positive test result, the house controller  
339.14 for members of the house of representatives and the secretary of the senate for members of  
339.15 the senate must deny or discontinue compensation and expense reimbursement until the  
339.16 legislator demonstrates a pattern of negative test results that satisfy the house controller or  
339.17 the secretary of the senate that the person is no longer a drug user.

339.18 (c) A legislator who undergoes testing under this section shall pay a fee to the  
339.19 laboratory for the cost of the test prior to testing.

339.20 **EFFECTIVE DATE.** This section is effective July 1, 2013.

110.24 Section 1. Minnesota Statutes 2012, section 119B.05, subdivision 1, is amended to read:

110.25 Subdivision 1. **Eligible participants.** Families eligible for child care assistance  
110.26 under the MFIP child care program are:

110.27 (1) MFIP participants who are employed or in job search and meet the requirements  
110.28 of section 119B.10;

110.29 (2) persons who are members of transition year families under section 119B.011,  
110.30 subdivision 20, and meet the requirements of section 119B.10;

110.31 (3) families who are participating in employment orientation or job search, or  
110.32 other employment or training activities that are included in an approved employability  
110.33 development plan under section 256J.95;

111.1 (4) MFIP families who are participating in work job search, job support,  
111.2 employment, or training activities as required in their employment plan, or in appeals,  
111.3 hearings, assessments, or orientations according to chapter 256J;

111.4 (5) MFIP families who are participating in social services activities under chapter  
111.5 256J or mental health treatment as required in their employment plan approved according  
111.6 to chapter 256J;

111.7 (6) families who are participating in services or activities that are included in an  
111.8 approved family stabilization plan under section 256J.575;

111.9 (7) MFIP child-only cases under section 256J.88, for up to 20 hours of child care  
111.10 per child per week under the following conditions: (i) child care will be authorized if the  
111.11 child's primary caregiver is receiving SSI for a disability related to depression or other  
111.12 serious mental illness; and (ii) child care will only be authorized for children five years  
111.13 of age or younger. The child's authorized care under this clause is not conditional based  
111.14 on the primary caregiver participating in an authorized activity under section 119B.07 or  
111.15 119B.11. Medical appointments, treatment, or therapy are considered authorized activities  
111.16 for participants in this category;

111.17 (8) families who are participating in programs as required in tribal contracts under  
111.18 section 119B.02, subdivision 2, or 256.01, subdivision 2; and

111.19 ~~(8)~~ (9) families who are participating in the transition year extension under section  
111.20 119B.011, subdivision 20a.

111.21 Sec. 2. Minnesota Statutes 2012, section 119B.09, subdivision 5, is amended to read:

111.22 Subd. 5. **Provider choice.** Parents may choose child care providers as defined under  
111.23 section 119B.011, subdivision 19, that best meet the needs of their family. Beginning  
111.24 July 1, 2018, parents or guardians must choose a rated provider under section 124D.142  
111.25 for their children not yet attending kindergarten, unless a waiver is granted by the  
111.26 commissioner of human services. Counties shall make resources available to parents in  
111.27 choosing quality child care services. Counties may require a parent to sign a release  
111.28 stating their knowledge and responsibilities in choosing a legal provider described under  
111.29 section 119B.011, subdivision 19. When a county knows that a particular provider is  
111.30 unsafe, or that the circumstances of the child care arrangement chosen by the parent are  
111.31 unsafe, the county may deny a child care subsidy. A county may not restrict access to a  
111.32 general category of provider allowed under section 119B.011, subdivision 19.

111.33 Sec. 3. Minnesota Statutes 2012, section 119B.125, subdivision 1, is amended to read:

112.1 Subdivision 1. **Authorization.** (a) Except as provided in subdivision 5, a county  
112.2 must authorize the provider chosen by an applicant or a participant before the county can  
112.3 authorize payment for care provided by that provider. The commissioner must establish  
112.4 the requirements necessary for authorization of providers.

112.5 (b) In order to be authorized, a provider must:

112.6 (1) beginning July 1, 2018, participate in the quality rating and improvement system  
112.7 under section 124D.142; and

112.8 (2) beginning July 1, 2020, have at least a one- or two-star rating in the quality  
112.9 rating and improvement system.

112.10 (c) In order to comply with federal regulations, the requirements in paragraph (b) do  
112.11 not apply to unlicensed or license-exempt providers. In addition, the commissioner has  
112.12 the authority to waive the requirements in paragraph (b), if: (1) the parents' authorized  
112.13 activities occur during times when care is not available from providers participating in  
112.14 the quality rating and improvement system, (2) a family lives in an area where care from  
112.15 providers participating in the quality rating and improvement system is not available, or  
112.16 (3) no providers participating in the quality rating and improvement system are willing  
112.17 or able to care for one or all of the children in the family.

112.18 (d) A provider must be reauthorized every two years. A legal, nonlicensed family  
112.19 child care provider also must be reauthorized when another person over the age of 13 joins  
112.20 the household, a current household member turns 13, or there is reason to believe that a  
112.21 household member has a factor that prevents authorization. The provider is required to  
112.22 report all family changes that would require reauthorization. When a provider has been  
112.23 authorized for payment for providing care for families in more than one county, the county  
112.24 responsible for reauthorization of that provider is the county of the family with a current  
112.25 authorization for that provider and who has used the provider for the longest length of time.

112.26 Sec. 4. Minnesota Statutes 2012, section 119B.13, subdivision 1, is amended to read:

112.27 Subdivision 1. **Subsidy restrictions.** (a) Beginning ~~October 31, 2011~~ July 1, 2014,  
112.28 the maximum rate paid for child care assistance in any county or multicounty region under  
112.29 the child care fund shall be the rate for like-care arrangements in the county effective July  
112.30 ~~1, 2006~~ 2012, ~~decreased~~ increased by ~~2.5~~ two percent.

112.31 (b) Biennially, beginning in 2012, the commissioner shall survey rates charged  
112.32 by child care providers in Minnesota to determine the 75th percentile for like-care  
112.33 arrangements in counties. When the commissioner determines that, using the  
112.34 commissioner's established protocol, the number of providers responding to the survey is  
112.35 too small to determine the 75th percentile rate for like-care arrangements in a county or  
113.1 multicounty region, the commissioner may establish the 75th percentile maximum rate  
113.2 based on like-care arrangements in a county, region, or category that the commissioner  
113.3 deems to be similar.

113.4 (c) A rate which includes a special needs rate paid under subdivision 3 or under a  
113.5 school readiness service agreement paid under section 119B.231, may be in excess of the  
113.6 maximum rate allowed under this subdivision.

113.7 (d) The department shall monitor the effect of this paragraph on provider rates. The  
 113.8 county shall pay the provider's full charges for every child in care up to the maximum  
 113.9 established. The commissioner shall determine the maximum rate for each type of care  
 113.10 on an hourly, full-day, and weekly basis, including special needs and disability care. The  
 113.11 maximum payment to a provider for one day of care must not exceed the daily rate. The  
 113.12 maximum payment to a provider for one week of care must not exceed the weekly rate.

113.13 (e) Child care providers receiving reimbursement under this chapter must not be  
 113.14 paid activity fees or an additional amount above the maximum rates for care provided  
 113.15 during nonstandard hours for families receiving assistance.

113.16 (f) When the provider charge is greater than the maximum provider rate allowed,  
 113.17 the parent is responsible for payment of the difference in the rates in addition to any  
 113.18 family co-payment fee.

113.19 (g) All maximum provider rates changes shall be implemented on the Monday  
 113.20 following the effective date of the maximum provider rate.

113.21 Sec. 5. Minnesota Statutes 2012, section 119B.13, subdivision 7, is amended to read:

113.22 Subd. 7. **Absent days.** (a) Licensed child care providers and license-exempt centers  
 113.23 must not be reimbursed for more than ~~ten~~ 25 full-day absent days per child, excluding  
 113.24 holidays, in a fiscal year, or for more than ten consecutive full-day absent days. Legal  
 113.25 nonlicensed family child care providers must not be reimbursed for absent days. If a child  
 113.26 attends for part of the time authorized to be in care in a day, but is absent for part of the  
 113.27 time authorized to be in care in that same day, the absent time must be reimbursed but the  
 113.28 time must not count toward the ~~ten~~ 25 absent ~~day~~ days limit. Child care providers must  
 113.29 only be reimbursed for absent days if the provider has a written policy for child absences  
 113.30 and charges all other families in care for similar absences.

113.31 (b) Notwithstanding paragraph (a), children in families may exceed the ~~ten~~ 25 absent  
 113.32 days limit if at least one parent: (1) is under the age of 21; (2) does not have a high school  
 113.33 or general equivalency diploma; and (3) is a student in a school district or another similar  
 113.34 program that provides or arranges for child care, parenting support, social services, career  
 113.35 and employment supports, and academic support to achieve high school graduation, upon  
 114.1 request of the program and approval of the county. If a child attends part of an authorized  
 114.2 day, payment to the provider must be for the full amount of care authorized for that day.

340.28 Sec. 4. Minnesota Statutes 2012, section 119B.13, subdivision 7, is amended to read:

340.29 Subd. 7. **Absent days.** (a) Licensed child care providers and license-exempt centers  
 340.30 must not be reimbursed for more than ~~ten~~ 25 full-day absent days per child, excluding  
 340.31 holidays, in a fiscal year, or for more than ten consecutive full-day absent days. Legal  
 340.32 nonlicensed family child care providers must not be reimbursed for absent days. If a child  
 340.33 attends for part of the time authorized to be in care in a day, but is absent for part of the  
 340.34 time authorized to be in care in that same day, the absent time must be reimbursed but  
 341.1 the time must not count toward the ~~ten~~ 25 absent ~~day~~ days limit. Child care providers must  
 341.2 only be reimbursed for absent days if the provider has a written policy for child absences  
 341.3 and charges all other families in care for similar absences.

341.4 (b) Notwithstanding paragraph (a), children with documented medical conditions  
 341.5 that cause more frequent absences may exceed the 25 absent days limit, or ten consecutive  
 341.6 full-day absent days limit. Absences due to a documented medical condition of a parent  
 341.7 or sibling who lives in the same residence as the child receiving child care assistance  
 341.8 do not count against the absent days limit in a fiscal year. Documentation of medical  
 341.9 conditions must be on the forms and submitted according to the timelines established by  
 341.10 the commissioner. A public health nurse or school nurse may verify the illness in lieu of  
 341.11 a medical practitioner. If a provider sends a child home early due to a medical reason,  
 341.12 including, but not limited to, fever or contagious illness, the child care center director or  
 341.13 lead teacher may verify the illness in lieu of a medical practitioner.

114.3 (c) Child care providers must be reimbursed for up to ten federal or state holidays or  
114.4 designated holidays per year when the provider charges all families for these days and the  
114.5 holiday or designated holiday falls on a day when the child is authorized to be in attendance.  
114.6 Parents may substitute other cultural or religious holidays for the ten recognized state and  
114.7 federal holidays. Holidays do not count toward the ~~ten~~ 25 absent ~~day~~ days limit.

114.8 (d) A family or child care provider must not be assessed an overpayment for an  
114.9 absent day payment unless (1) there was an error in the amount of care authorized for the  
114.10 family, (2) all of the allowed full-day absent payments for the child have been paid, or (3)  
114.11 the family or provider did not timely report a change as required under law.

114.12 (e) The provider and family shall receive notification of the number of absent days  
114.13 used upon initial provider authorization for a family and ongoing notification of the  
114.14 number of absent days used as of the date of the notification.

114.15 Sec. 6. Minnesota Statutes 2012, section 245A.07, subdivision 2a, is amended to read:

341.14 ~~(b)~~ (c) Notwithstanding paragraph (a), children in families may exceed the ~~ten~~ absent  
341.15 days limit if at least one parent: (1) is under the age of 21; (2) does not have a high school  
341.16 or general equivalency diploma; and (3) is a student in a school district or another similar  
341.17 program that provides or arranges for child care, parenting support, social services, career  
341.18 and employment supports, and academic support to achieve high school graduation, upon  
341.19 request of the program and approval of the county. If a child attends part of an authorized  
341.20 day, payment to the provider must be for the full amount of care authorized for that day.

341.21 ~~(e)~~ (d) Child care providers must be reimbursed for up to ten federal or state holidays  
341.22 or designated holidays per year when the provider charges all families for these days and the  
341.23 holiday or designated holiday falls on a day when the child is authorized to be in attendance.  
341.24 Parents may substitute other cultural or religious holidays for the ten recognized state and  
341.25 federal holidays. Holidays do not count toward the ~~ten~~ absent ~~day~~ days limit.

341.26 ~~(d)~~ (e) A family or child care provider must not be assessed an overpayment for an  
341.27 absent day payment unless (1) there was an error in the amount of care authorized for the  
341.28 family, (2) all of the allowed full-day absent payments for the child have been paid, or (3)  
341.29 the family or provider did not timely report a change as required under law.

341.30 ~~(e)~~ (f) The provider and family shall receive notification of the number of absent  
341.31 days used upon initial provider authorization for a family and ongoing notification of the  
341.32 number of absent days used as of the date of the notification.

341.33 (g) For purposes of this subdivision, "absent days limit" means 25 full-day absent  
341.34 days per child, excluding holidays, in a fiscal year; and ten consecutive full-day absent days.

344.18 Sec. 7. Minnesota Statutes 2012, section 245A.07, subdivision 2a, is amended to read:

114.16 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days  
 114.17 of receipt of the license holder's timely appeal, the commissioner shall request assignment  
 114.18 of an administrative law judge. The request must include a proposed date, time, and place  
 114.19 of a hearing. A hearing must be conducted by an administrative law judge within 30  
 114.20 calendar days of the request for assignment, unless an extension is requested by either  
 114.21 party and granted by the administrative law judge for good cause. The commissioner shall  
 114.22 issue a notice of hearing by certified mail or personal service at least ten working days  
 114.23 before the hearing. The scope of the hearing shall be limited solely to the issue of whether  
 114.24 the temporary immediate suspension should remain in effect pending the commissioner's  
 114.25 final order under section 245A.08, regarding a licensing sanction issued under subdivision  
 114.26 3 following the immediate suspension. The burden of proof in expedited hearings under  
 114.27 this subdivision shall be limited to the commissioner's demonstration that reasonable  
 114.28 cause exists to believe that the license holder's actions or failure to comply with applicable  
 114.29 law or rule poses, or if the actions of other individuals or conditions in the program  
 114.30 poses an imminent risk of harm to the health, safety, or rights of persons served by the  
 114.31 program. "Reasonable cause" means there exist specific articulable facts or circumstances  
 114.32 which provide the commissioner with a reasonable suspicion that there is an imminent  
 114.33 risk of harm to the health, safety, or rights of persons served by the program. When the  
 114.34 commissioner has determined there is reasonable cause to order the temporary immediate  
 114.35 suspension of a license based on a violation of safe sleep requirements, as defined in  
 115.1 section 245A.1435, the commissioner is not required to demonstrate that an infant died or  
 115.2 was injured as a result of the safe sleep violations.

115.3 (b) The administrative law judge shall issue findings of fact, conclusions, and a  
 115.4 recommendation within ten working days from the date of hearing. The parties shall have  
 115.5 ten calendar days to submit exceptions to the administrative law judge's report. The  
 115.6 record shall close at the end of the ten-day period for submission of exceptions. The  
 115.7 commissioner's final order shall be issued within ten working days from the close of the  
 115.8 record. Within 90 calendar days after a final order affirming an immediate suspension, the  
 115.9 commissioner shall make a determination regarding whether a final licensing sanction  
 115.10 shall be issued under subdivision 3. The license holder shall continue to be prohibited  
 115.11 from operation of the program during this 90-day period.

115.12 (c) When the final order under paragraph (b) affirms an immediate suspension, and a  
 115.13 final licensing sanction is issued under subdivision 3 and the license holder appeals that  
 115.14 sanction, the license holder continues to be prohibited from operation of the program  
 115.15 pending a final commissioner's order under section 245A.08, subdivision 5, regarding the  
 115.16 final licensing sanction.

115.17 Sec. 7. Minnesota Statutes 2012, section 245A.1435, is amended to read:  
 115.18 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT**  
 115.19 **DEATH SYNDROME IN LICENSED PROGRAMS.**

344.19 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days  
 344.20 of receipt of the license holder's timely appeal, the commissioner shall request assignment  
 344.21 of an administrative law judge. The request must include a proposed date, time, and place  
 344.22 of a hearing. A hearing must be conducted by an administrative law judge within 30  
 344.23 calendar days of the request for assignment, unless an extension is requested by either  
 344.24 party and granted by the administrative law judge for good cause. The commissioner shall  
 344.25 issue a notice of hearing by certified mail or personal service at least ten working days  
 344.26 before the hearing. The scope of the hearing shall be limited solely to the issue of whether  
 344.27 the temporary immediate suspension should remain in effect pending the commissioner's  
 344.28 final order under section 245A.08, regarding a licensing sanction issued under subdivision  
 344.29 3 following the immediate suspension. The burden of proof in expedited hearings under  
 344.30 this subdivision shall be limited to the commissioner's demonstration that reasonable  
 344.31 cause exists to believe that the license holder's actions or failure to comply with applicable  
 344.32 law or rule poses, or if the actions of other individuals or conditions in the program  
 344.33 poses an imminent risk of harm to the health, safety, or rights of persons served by the  
 344.34 program. "Reasonable cause" means there exist specific articulable facts or circumstances  
 344.35 which provide the commissioner with a reasonable suspicion that there is an imminent  
 345.1 risk of harm to the health, safety, or rights of persons served by the program. When the  
 345.2 commissioner has determined there is reasonable cause to order the temporary immediate  
 345.3 suspension of a license based on a violation of safe sleep requirements, as defined in  
 345.4 section 245A.1435, the commissioner is not required to demonstrate that an infant died or  
 345.5 was injured as a result of the safe sleep violations.

345.6 (b) The administrative law judge shall issue findings of fact, conclusions, and a  
 345.7 recommendation within ten working days from the date of hearing. The parties shall have  
 345.8 ten calendar days to submit exceptions to the administrative law judge's report. The  
 345.9 record shall close at the end of the ten-day period for submission of exceptions. The  
 345.10 commissioner's final order shall be issued within ten working days from the close of the  
 345.11 record. Within 90 calendar days after a final order affirming an immediate suspension, the  
 345.12 commissioner shall make a determination regarding whether a final licensing sanction  
 345.13 shall be issued under subdivision 3. The license holder shall continue to be prohibited  
 345.14 from operation of the program during this 90-day period.

345.15 (c) When the final order under paragraph (b) affirms an immediate suspension, and a  
 345.16 final licensing sanction is issued under subdivision 3 and the license holder appeals that  
 345.17 sanction, the license holder continues to be prohibited from operation of the program  
 345.18 pending a final commissioner's order under section 245A.08, subdivision 5, regarding the  
 345.19 final licensing sanction.

345.20 Sec. 8. Minnesota Statutes 2012, section 245A.1435, is amended to read:  
 345.21 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT**  
 345.22 **DEATH SYNDROME IN LICENSED PROGRAMS.**

115.20 (a) When a license holder is placing an infant to sleep, the license holder must  
 115.21 place the infant on the infant's back, unless the license holder has documentation from  
 115.22 the infant's parent physician directing an alternative sleeping position for the infant. The  
 115.23 parent physician directive must be on a form approved by the commissioner and must  
 115.24 include a statement that the parent or legal guardian has read the information provided by  
 115.25 the Minnesota Sudden Infant Death Center, related to the risk of SIDS and the importance  
 115.26 of placing an infant or child on its back to sleep to reduce the risk of SIDS. remain on file  
 115.27 at the licensed location. An infant who independently rolls onto its stomach after being  
 115.28 placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant  
 115.29 is at least six months of age or the license holder has a signed statement from the parent  
 115.30 indicating that the infant regularly rolls over at home.

115.31 (b) The license holder must place the infant in a crib directly on a firm mattress with  
 115.32 a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be  
 115.33 dislodged by pulling on the corner of the sheet. The license holder must not place pillows,  
 115.34 quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib  
 115.35 with the infant. The license holder must place the infant in a crib directly on a firm mattress  
 116.1 with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress,  
 116.2 and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner  
 116.3 of the sheet with reasonable effort. The license holder must not place anything in the crib  
 116.4 with the infant except for the infant's pacifier. The requirements of this section apply to  
 116.5 license holders serving infants up to and including 12 months younger than one year of age.  
 116.6 Licensed child care providers must meet the crib requirements under section 245A.146.

116.7 (c) If an infant falls asleep before being placed in a crib, the license holder must  
 116.8 move the infant to a crib as soon as practicable, and must keep the infant within sight of  
 116.9 the license holder until the infant is placed in a crib. When an infant falls asleep while  
 116.10 being held, the license holder must consider the supervision needs of other children in  
 116.11 care when determining how long to hold the infant before placing the infant in a crib to  
 116.12 sleep. The sleeping infant must not be in a position where the airway may be blocked or  
 116.13 with anything covering the infant's face.

116.14 (d) Placing a swaddled infant down to sleep in a licensed setting is not recommended  
 116.15 for an infant of any age and is prohibited for any infant who has begun to roll over  
 116.16 independently. However, with the written consent of a parent or guardian according to this  
 116.17 paragraph, a license holder may place the infant who has not yet begun to roll over on its  
 116.18 own down to sleep in a one-piece sleeper equipped with an attached system that fastens  
 116.19 securely only across the upper torso, with no constriction of the hips or legs, to create a  
 116.20 swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter,  
 116.21 the license holder must obtain informed written consent for the use of swaddling from the  
 116.22 parent or guardian of the infant on a form provided by the commissioner and prepared in  
 116.23 partnership with the Minnesota Sudden Infant Death Center.

345.23 (a) When a license holder is placing an infant to sleep, the license holder must  
 345.24 place the infant on the infant's back, unless the license holder has documentation from  
 345.25 the infant's parent physician directing an alternative sleeping position for the infant. The  
 345.26 parent physician directive must be on a form approved by the commissioner and must  
 345.27 include a statement that the parent or legal guardian has read the information provided by  
 345.28 the Minnesota Sudden Infant Death Center, related to the risk of SIDS and the importance  
 345.29 of placing an infant or child on its back to sleep to reduce the risk of SIDS. remain on file  
 345.30 at the licensed location. An infant who independently rolls onto its stomach after being  
 345.31 placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant  
 345.32 is at least six months of age or the license holder has a signed statement from the parent  
 345.33 indicating that the infant regularly rolls over at home.

345.34 (b) The license holder must place the infant in a crib directly on a firm mattress with  
 345.35 a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be  
 346.1 dislodged by pulling on the corner of the sheet. The license holder must not place pillows,  
 346.2 quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib  
 346.3 with the infant. The license holder must place the infant in a crib directly on a firm mattress  
 346.4 with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress,  
 346.5 and that overlaps the underside of the mattress so it cannot be dislodged by pulling on the  
 346.6 corner of the sheet with reasonable effort. The license holder must not place anything in  
 346.7 the crib with the infant except for the infant's pacifier. For the purposes of this section, a  
 346.8 pacifier is defined as a synthetic nipple designed for infant sucking with nothing attached  
 346.9 to it. The requirements of this section apply to license holders serving infants up to and  
 346.10 including 12 months younger than one year of age. Licensed child care providers must  
 346.11 meet the crib requirements under section 245A.146.

346.12 (c) If an infant falls asleep before being placed in a crib, the license holder must  
 346.13 move the infant to a crib as soon as practicable, and must keep the infant within sight of  
 346.14 the license holder until the infant is placed in a crib. When an infant falls asleep while  
 346.15 being held, the license holder must consider the supervision needs of other children in  
 346.16 care when determining how long to hold the infant before placing the infant in a crib to  
 346.17 sleep. The sleeping infant must not be in a position where the airway may be blocked or  
 346.18 with anything covering the infant's face.

346.19 (d) Placing a swaddled infant down to sleep in a licensed setting is not recommended  
 346.20 for an infant of any age and is prohibited for any infant who has begun to roll over  
 346.21 independently. However, with the written consent of a parent or guardian according to this  
 346.22 paragraph, a license holder may place the infant who has not yet begun to roll over on its  
 346.23 own down to sleep in a one-piece sleeper equipped with an attached system that fastens  
 346.24 securely only across the upper torso, with no constriction of the hips or legs, to create a  
 346.25 swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter,  
 346.26 the license holder must obtain informed written consent for the use of swaddling from the  
 346.27 parent or guardian of the infant on a form provided by the commissioner and prepared in  
 346.28 partnership with the Minnesota Sudden Infant Death Center.

116.24 Sec. 8. Minnesota Statutes 2012, section 245A.144, is amended to read:  
116.25 **245A.144 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**  
116.26 **DEATH AND SHAKEN-BABY-SYNDROME ABUSIVE HEAD TRAUMA FOR**  
116.27 **CHILD FOSTER CARE PROVIDERS.**

116.28 (a) Licensed child foster care providers that care for infants or children through five  
116.29 years of age must document that before staff persons and caregivers assist in the care  
116.30 of infants or children through five years of age, they are instructed on the standards in  
116.31 section 245A.1435 and receive training on reducing the risk of sudden unexpected infant  
116.32 death syndrome and shaken-baby-syndrome for abusive head trauma from shaking infants  
116.33 and young children. This section does not apply to emergency relative placement under  
116.34 section 245A.035. The training on reducing the risk of sudden unexpected infant death  
116.35 syndrome and shaken-baby-syndrome abusive head trauma may be provided as:

117.1 (1) orientation training to child foster care providers, who care for infants or children  
117.2 through five years of age, under Minnesota Rules, part 2960.3070, subpart 1; or

117.3 (2) in-service training to child foster care providers, who care for infants or children  
117.4 through five years of age, under Minnesota Rules, part 2960.3070, subpart 2.

117.5 (b) Training required under this section must be at least one hour in length and must  
117.6 be completed at least once every five years. At a minimum, the training must address  
117.7 the risk factors related to sudden unexpected infant death syndrome and shaken-baby  
117.8 syndrome abusive head trauma, means of reducing the risk of sudden unexpected infant  
117.9 death syndrome and shaken-baby-syndrome abusive head trauma, and license holder  
117.10 communication with parents regarding reducing the risk of sudden unexpected infant  
117.11 death syndrome and shaken-baby-syndrome abusive head trauma.

117.12 (c) Training for child foster care providers must be approved by the county or  
117.13 private licensing agency that is responsible for monitoring the child foster care provider  
117.14 under section 245A.16. The approved training fulfills, in part, training required under  
117.15 Minnesota Rules, part 2960.3070.

117.16 Sec. 9. Minnesota Statutes 2012, section 245A.1444, is amended to read:  
117.17 **245A.1444 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**  
117.18 **DEATH SYNDROME AND SHAKEN-BABY-SYNDROME ABUSIVE HEAD**  
117.19 **TRAUMA BY OTHER PROGRAMS.**

346.29 Sec. 9. Minnesota Statutes 2012, section 245A.144, is amended to read:  
346.30 **245A.144 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**  
346.31 **DEATH AND SHAKEN-BABY-SYNDROME ABUSIVE HEAD TRAUMA FOR**  
346.32 **CHILD FOSTER CARE PROVIDERS.**

346.33 (a) Licensed child foster care providers that care for infants or children through five  
346.34 years of age must document that before staff persons and caregivers assist in the care  
346.35 of infants or children through five years of age, they are instructed on the standards in  
347.1 section 245A.1435 and receive training on reducing the risk of sudden unexpected infant  
347.2 death syndrome and shaken-baby-syndrome for abusive head trauma from shaking infants  
347.3 and young children. This section does not apply to emergency relative placement under  
347.4 section 245A.035. The training on reducing the risk of sudden unexpected infant death  
347.5 syndrome and shaken-baby-syndrome abusive head trauma may be provided as:

347.6 (1) orientation training to child foster care providers, who care for infants or children  
347.7 through five years of age, under Minnesota Rules, part 2960.3070, subpart 1; or

347.8 (2) in-service training to child foster care providers, who care for infants or children  
347.9 through five years of age, under Minnesota Rules, part 2960.3070, subpart 2.

347.10 (b) Training required under this section must be at least one hour in length and must  
347.11 be completed at least once every five years. At a minimum, the training must address  
347.12 the risk factors related to sudden unexpected infant death syndrome and shaken-baby  
347.13 syndrome abusive head trauma, means of reducing the risk of sudden unexpected infant  
347.14 death syndrome and shaken-baby-syndrome abusive head trauma, and license holder  
347.15 communication with parents regarding reducing the risk of sudden unexpected infant  
347.16 death syndrome and shaken-baby-syndrome abusive head trauma.

347.17 (c) Training for child foster care providers must be approved by the county or  
347.18 private licensing agency that is responsible for monitoring the child foster care provider  
347.19 under section 245A.16. The approved training fulfills, in part, training required under  
347.20 Minnesota Rules, part 2960.3070.

347.21 Sec. 10. Minnesota Statutes 2012, section 245A.1444, is amended to read:  
347.22 **245A.1444 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**  
347.23 **DEATH SYNDROME AND SHAKEN-BABY-SYNDROME ABUSIVE HEAD**  
347.24 **TRAUMA BY OTHER PROGRAMS.**



117.20 A licensed chemical dependency treatment program that serves clients with infants  
117.21 or children through five years of age, who sleep at the program and a licensed children's  
117.22 residential facility that serves infants or children through five years of age, must document  
117.23 that before program staff persons or volunteers assist in the care of infants or children  
117.24 through five years of age, they are instructed on the standards in section 245A.1435 and  
117.25 receive training on reducing the risk of sudden unexpected infant death syndrome and  
117.26 shaken-baby-syndrome abusive head trauma from shaking infants and young children. The  
117.27 training conducted under this section may be used to fulfill training requirements under  
117.28 Minnesota Rules, parts 2960.0100, subpart 3; and 9530.6490, subpart 4, item B.

117.29 This section does not apply to child care centers or family child care programs  
117.30 governed by sections 245A.40 and 245A.50.

117.31 Sec. 10. **[245A.1446] FAMILY CHILD CARE DIAPERING AREA**  
117.32 **DISINFECTION.**

117.33 Notwithstanding Minnesota Rules, part 9502.0435, a family child care provider may  
117.34 disinfect the diaper changing surface with either a solution of at least two teaspoons  
118.1 of chlorine bleach to one quart of water or with a surface disinfectant that meets the  
118.2 following criteria:

118.3 (1) the manufacturer's label or instructions state that the product is registered with  
118.4 the United States Environmental Protection Agency;

118.5 (2) the manufacturer's label or instructions state that the disinfectant is effective  
118.6 against Staphylococcus aureus, Salmonella choleraesuis, and Pseudomonas aeruginosa;

118.7 (3) the manufacturer's label or instructions state that the disinfectant is effective with  
118.8 a ten minute or less contact time;

118.9 (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing  
118.10 and use;

118.11 (5) the disinfectant is used only in accordance with the manufacturer's directions; and

118.12 (6) the product does not include triclosan or derivatives of triclosan.

118.13 Sec. 11. **[245A.147] FAMILY CHILD CARE INFANT SLEEP SUPERVISION**  
118.14 **REQUIREMENTS.**

118.15 Subdivision 1. **In-person checks on infants.** (a) License holders that serve infants  
118.16 are encouraged to monitor sleeping infants by conducting in-person checks on each infant  
118.17 in their care every 30 minutes.

118.18 (b) Upon enrollment of an infant in a family child care program, the license holder is  
118.19 encouraged to conduct in-person checks on the sleeping infant every 15 minutes, during  
118.20 the first four months of care.

347.25 A licensed chemical dependency treatment program that serves clients with infants  
347.26 or children through five years of age, who sleep at the program and a licensed children's  
347.27 residential facility that serves infants or children through five years of age, must document  
347.28 that before program staff persons or volunteers assist in the care of infants or children  
347.29 through five years of age, they are instructed on the standards in section 245A.1435 and  
347.30 receive training on reducing the risk of sudden unexpected infant death syndrome and  
347.31 shaken-baby-syndrome abusive head trauma from shaking infants and young children. The  
347.32 training conducted under this section may be used to fulfill training requirements under  
347.33 Minnesota Rules, parts 2960.0100, subpart 3; and 9530.6490, subpart 4, item B.

347.34 This section does not apply to child care centers or family child care programs  
347.35 governed by sections 245A.40 and 245A.50.

348.1 Sec. 11. **[245A.1446] FAMILY CHILD CARE DIAPERING AREA**  
348.2 **DISINFECTION.**

348.3 Notwithstanding Minnesota Rules, part 9502.0435, a family child care provider may  
348.4 disinfect the diaper changing surface with either a solution of at least two teaspoons  
348.5 of chlorine bleach to one quart of water or with a surface disinfectant that meets the  
348.6 following criteria:

348.7 (1) the manufacturer's label or instructions state that the product is registered with  
348.8 the United States Environmental Protection Agency;

348.9 (2) the manufacturer's label or instructions state that the disinfectant is effective  
348.10 against Staphylococcus aureus, Salmonella choleraesuis, and Pseudomonas aeruginosa;

348.11 (3) the manufacturer's label or instructions state that the disinfectant is effective with  
348.12 a ten minute or less contact time;

348.13 (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing  
348.14 and use;

348.15 (5) the disinfectant is used only in accordance with the manufacturer's directions; and

348.16 (6) the product does not include triclosan or derivatives of triclosan.

348.17 Sec. 12. **[245A.147] FAMILY CHILD CARE INFANT SLEEP SUPERVISION**  
348.18 **REQUIREMENTS.**

348.19 Subdivision 1. **In-person checks on infants.** (a) License holders that serve infants  
348.20 are encouraged to monitor sleeping infants by conducting in-person checks on each infant  
348.21 in their care every 30 minutes.

348.22 (b) Upon enrollment of an infant in a family child care program, the license holder is  
348.23 encouraged to conduct in-person checks on the sleeping infant every 15 minutes during  
348.24 the first four months of care.

118.21 (c) When an infant has an upper respiratory infection, the license holder is  
118.22 encouraged to conduct in-person checks on the sleeping infant every 15 minutes  
118.23 throughout the hours of sleep.

118.24 Subd. 2. **Use of audio or visual monitoring devices.** In addition to conducting  
118.25 the in-person checks encouraged under subdivision 1, license holders serving infants are  
118.26 encouraged to use and maintain an audio or visual monitoring device to monitor each  
118.27 sleeping infant in care during all hours of sleep.

118.28 Sec. 12. **[245A.152] CHILD CARE LICENSE HOLDER INSURANCE.**

118.29 (a) A license holder must provide a written notice to all parents or guardians of all  
118.30 children to be accepted for care prior to admission stating whether the license holder has  
118.31 liability insurance. This notice may be incorporated into and provided on the admission  
118.32 form used by the license holder.

118.33 (b) If the license holder has liability insurance:

119.1 (1) the license holder shall inform parents in writing that a current certificate of  
119.2 coverage for insurance is available for inspection to all parents or guardians of children  
119.3 receiving services and to all parents seeking services from the family child care program;

119.4 (2) the notice must provide the parent or guardian with the date of expiration or  
119.5 next renewal of the policy; and

119.6 (3) upon the expiration date of the policy, the license holder must provide a new  
119.7 written notice indicating whether the insurance policy has lapsed or whether the license  
119.8 holder has renewed the policy.

119.9 If the policy was renewed, the license holder must provide the new expiration date of the  
119.10 policy in writing to the parents or guardians.

119.11 (c) If the license holder does not have liability insurance, the license holder must  
119.12 provide an annual notice on a form developed and made available by the commissioner,  
119.13 to the parents or guardians of children in care indicating that the license holder does not  
119.14 carry liability insurance.

119.15 (d) The license holder must notify all parents and guardians in writing immediately  
119.16 of any change in insurance status.

119.17 (e) The license holder must make available upon request the certificate of liability  
119.18 insurance to the parents of children in care, to the commissioner, and to county licensing  
119.19 agents.

119.20 (f) The license holder must document, with the signature of the parent or guardian,  
119.21 that the parent or guardian received the notices required by this section.

119.22 Sec. 13. Minnesota Statutes 2012, section 245A.40, subdivision 5, is amended to read:

348.25 (c) When an infant has an upper respiratory infection, the license holder is  
348.26 encouraged to conduct in-person checks on the sleeping infant every 15 minutes  
348.27 throughout the hours of sleep.

348.28 Subd. 2. **Use of audio or visual monitoring devices.** In addition to conducting  
348.29 the in-person checks encouraged under subdivision 1, license holders serving infants are  
348.30 encouraged to use and maintain an audio or visual monitoring device to monitor each  
348.31 sleeping infant in care during all hours of sleep.

348.32 Sec. 13. **[245A.152] CHILD CARE LICENSE HOLDER INSURANCE.**

348.33 (a) A license holder must provide a written notice to all parents or guardians of all  
348.34 children to be accepted for care prior to admission stating whether the license holder has  
349.1 liability insurance. This notice may be incorporated into and provided on the admission  
349.2 form used by the license holder.

349.3 (b) If the license holder has liability insurance:

349.4 (1) the license holder shall inform parents in writing that a current certificate of  
349.5 coverage for insurance is available for inspection to all parents or guardians of children  
349.6 receiving services and to all parents seeking services from the family child care program;

349.7 (2) the notice must provide the parent or guardian with the date of expiration or  
349.8 next renewal of the policy; and

349.9 (3) upon the expiration date of the policy, the license holder must provide a new  
349.10 written notice indicating whether the insurance policy has lapsed or whether the license  
349.11 holder has renewed the policy.

349.12 If the policy was renewed, the license holder must provide the new expiration date of the  
349.13 policy in writing to the parents or guardians.

349.14 (c) If the license holder does not have liability insurance, the license holder must  
349.15 provide an annual notice, on a form developed and made available by the commissioner,  
349.16 to the parents or guardians of children in care indicating that the license holder does not  
349.17 carry liability insurance.

349.18 (d) The license holder must notify all parents and guardians in writing immediately  
349.19 of any change in insurance status.

349.20 (e) The license holder must make available upon request the certificate of liability  
349.21 insurance to the parents of children in care, to the commissioner, and to county licensing  
349.22 agents.

349.23 (f) The license holder must document, with the signature of the parent or guardian,  
349.24 that the parent or guardian received the notices required by this section.

349.25 Sec. 14. Minnesota Statutes 2012, section 245A.40, subdivision 5, is amended to read:

119.23 Subd. 5. **Sudden unexpected infant death syndrome and shaken-baby-syndrome**  
119.24 **abusive head trauma training.** (a) License holders must document that before staff  
119.25 persons and volunteers care for infants, they are instructed on the standards in section  
119.26 245A.1435 and receive training on reducing the risk of sudden unexpected infant death  
119.27 syndrome. In addition, license holders must document that before staff persons care for  
119.28 infants or children under school age, they receive training on the risk of shaken-baby  
119.29 syndrome abusive head trauma from shaking infants and young children. The training  
119.30 in this subdivision may be provided as orientation training under subdivision 1 and  
119.31 in-service training under subdivision 7.

119.32 (b) Sudden unexpected infant death syndrome reduction training required under  
119.33 this subdivision must be at least one-half hour in length and must be completed at least  
119.34 once every five-years year. At a minimum, the training must address the risk factors  
119.35 related to sudden unexpected infant death syndrome, means of reducing the risk of sudden  
120.1 unexpected infant death syndrome in child care, and license holder communication with  
120.2 parents regarding reducing the risk of sudden unexpected infant death syndrome.

120.3 (c) Shaken-baby-syndrome Abusive head trauma training under this subdivision  
120.4 must be at least one-half hour in length and must be completed at least once every five  
120.5 years year. At a minimum, the training must address the risk factors related to shaken  
120.6 baby-syndrome for shaking infants and young children, means to reduce the risk of shaken  
120.7 baby-syndrome abusive head trauma in child care, and license holder communication with  
120.8 parents regarding reducing the risk of shaken-baby-syndrome abusive head trauma.

120.9 (d) The commissioner shall make available for viewing a video presentation on the  
120.10 dangers associated with shaking infants and young children. The video presentation must  
120.11 be part of the orientation and annual in-service training of licensed child care center  
120.12 staff persons caring for children under school age. The commissioner shall provide to  
120.13 child care providers and interested individuals, at cost, copies of a video approved by the  
120.14 commissioner of health under section 144.574 on the dangers associated with shaking  
120.15 infants and young children.

120.16 Sec. 14. Minnesota Statutes 2012, section 245A.50, is amended to read:  
120.17 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

120.18 Subdivision 1. **Initial training.** (a) License holders, caregivers, and substitutes must  
120.19 comply with the training requirements in this section.

120.20 (b) Helpers who assist with care on a regular basis must complete six hours of  
120.21 training within one year after the date of initial employment.

349.26 Subd. 5. **Sudden unexpected infant death syndrome and shaken-baby-syndrome**  
349.27 **abusive head trauma training.** (a) License holders must document that before staff  
349.28 persons and volunteers care for infants, they are instructed on the standards in section  
349.29 245A.1435 and receive training on reducing the risk of sudden unexpected infant death  
349.30 syndrome. In addition, license holders must document that before staff persons care for  
349.31 infants or children under school age, they receive training on the risk of shaken-baby  
349.32 syndrome abusive head trauma from shaking infants and young children. The training  
349.33 in this subdivision may be provided as orientation training under subdivision 1 and  
349.34 in-service training under subdivision 7.

350.1 (b) Sudden unexpected infant death syndrome reduction training required under  
350.2 this subdivision must be at least one-half hour in length and must be completed at least  
350.3 once every five-years year. At a minimum, the training must address the risk factors  
350.4 related to sudden unexpected infant death syndrome, means of reducing the risk of sudden  
350.5 unexpected infant death syndrome in child care, and license holder communication with  
350.6 parents regarding reducing the risk of sudden unexpected infant death syndrome.

350.7 (c) Shaken-baby-syndrome Abusive head trauma training under this subdivision  
350.8 must be at least one-half hour in length and must be completed at least once every five  
350.9 years year. At a minimum, the training must address the risk factors related to shaken  
350.10 baby-syndrome for shaking infants and young children, means to reduce the risk of shaken  
350.11 baby-syndrome abusive head trauma in child care, and license holder communication with  
350.12 parents regarding reducing the risk of shaken-baby-syndrome abusive head trauma.

350.13 (d) The commissioner shall make available for viewing a video presentation on the  
350.14 dangers associated with shaking infants and young children. The video presentation must  
350.15 be part of the orientation and annual in-service training of licensed child care center  
350.16 staff persons caring for children under school age. The commissioner shall provide to  
350.17 child care providers and interested individuals, at cost, copies of a video approved by the  
350.18 commissioner of health under section 144.574 on the dangers associated with shaking  
350.19 infants and young children.

350.20 Sec. 15. Minnesota Statutes 2012, section 245A.50, is amended to read:  
350.21 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

350.22 Subdivision 1. **Initial training.** (a) License holders, caregivers, and substitutes must  
350.23 comply with the training requirements in this section.

350.24 (b) Helpers who assist with care on a regular basis must complete six hours of  
350.25 training within one year after the date of initial employment.

120.22 Subd. 2. **Child growth and development and behavior guidance training.** (a) For  
 120.23 purposes of family and group family child care, the license holder and each adult caregiver  
 120.24 who provides care in the licensed setting for more than 30 days in any 12-month period  
 120.25 shall complete and document at least ~~two~~ four hours of child growth and development  
 120.26 and behavior guidance training ~~within the first year of~~ prior to initial licensure, and before  
 120.27 caring for children. For purposes of this subdivision, "child growth and development  
 120.28 training" means training in understanding how children acquire language and develop  
 120.29 physically, cognitively, emotionally, and socially. "Behavior guidance training" means  
 120.30 training in the understanding of the functions of child behavior and strategies for managing  
 120.31 challenging situations. Child growth and development and behavior guidance training  
 120.32 must be repeated annually. Training curriculum shall be developed or approved by the  
 120.33 commissioner of human services by January 1, 2014.

120.34 (b) Notwithstanding paragraph (a), individuals are exempt from this requirement if  
 120.35 they:

121.1 (1) have taken a three-credit course on early childhood development within the  
 121.2 past five years;

121.3 (2) have received a baccalaureate or master's degree in early childhood education or  
 121.4 school-age child care within the past five years;

121.5 (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood  
 121.6 educator, a kindergarten to grade 6 teacher with a prekindergarten specialty, an early  
 121.7 childhood special education teacher, or an elementary teacher with a kindergarten  
 121.8 endorsement; or

121.9 (4) have received a baccalaureate degree with a Montessori certificate within the  
 121.10 past five years.

121.11 Subd. 3. **First aid.** (a) When children are present in a family child care home  
 121.12 governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person  
 121.13 must be present in the home who has been trained in first aid. The first aid training must  
 121.14 have been provided by an individual approved to provide first aid instruction. First aid  
 121.15 training may be less than eight hours and persons qualified to provide first aid training  
 121.16 include individuals approved as first aid instructors. First aid training must be repeated  
 121.17 every two years.

121.18 (b) A family child care provider is exempt from the first aid training requirements  
 121.19 under this subdivision related to any substitute caregiver who provides less than 30 hours  
 121.20 of care during any 12-month period.

121.21 (c) Video training reviewed and approved by the county licensing agency satisfies  
 121.22 the training requirement of this subdivision.

350.26 Subd. 2. **Child growth and development and behavior guidance training.** (a) For  
 350.27 purposes of family and group family child care, the license holder and each adult caregiver  
 350.28 who provides care in the licensed setting for more than 30 days in any 12-month period  
 350.29 shall complete and document at least ~~two~~ four hours of child growth and development  
 350.30 and behavior guidance training ~~within the first year of~~ prior to initial licensure, and before  
 350.31 caring for children. For purposes of this subdivision, "child growth and development  
 350.32 training" means training in understanding how children acquire language and develop  
 350.33 physically, cognitively, emotionally, and socially. "Behavior guidance training" means  
 350.34 training in the understanding of the functions of child behavior and strategies for managing  
 350.35 challenging situations. Child growth and development and behavior guidance training  
 351.1 must be repeated annually. Training curriculum shall be developed or approved by the  
 351.2 commissioner of human services by January 1, 2014.

351.3 (b) Notwithstanding paragraph (a), individuals are exempt from this requirement if  
 351.4 they:

351.5 (1) have taken a three-credit course on early childhood development within the  
 351.6 past five years;

351.7 (2) have received a baccalaureate or master's degree in early childhood education or  
 351.8 school-age child care within the past five years;

351.9 (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood  
 351.10 educator, a kindergarten to grade 6 teacher with a prekindergarten specialty, an early  
 351.11 childhood special education teacher, or an elementary teacher with a kindergarten  
 351.12 endorsement; or

351.13 (4) have received a baccalaureate degree with a Montessori certificate within the  
 351.14 past five years.

351.15 Subd. 3. **First aid.** (a) When children are present in a family child care home  
 351.16 governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person  
 351.17 must be present in the home who has been trained in first aid. The first aid training must  
 351.18 have been provided by an individual approved to provide first aid instruction. First aid  
 351.19 training may be less than eight hours and persons qualified to provide first aid training  
 351.20 include individuals approved as first aid instructors. First aid training must be repeated  
 351.21 every two years.

351.22 (b) A family child care provider is exempt from the first aid training requirements  
 351.23 under this subdivision related to any substitute caregiver who provides less than 30 hours  
 351.24 of care during any 12-month period.

351.25 (c) Video training reviewed and approved by the county licensing agency satisfies  
 351.26 the training requirement of this subdivision.

121.23 Subd. 4. **Cardiopulmonary resuscitation.** (a) When children are present in a family  
 121.24 child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least  
 121.25 one staff person must be present in the home who has been trained in cardiopulmonary  
 121.26 resuscitation (CPR) and in the treatment of obstructed airways that includes CPR  
 121.27 techniques for infants and children. The CPR training must have been provided by an  
 121.28 individual approved to provide CPR instruction, must be repeated at least once every ~~three~~  
 121.29 two years, and must be documented in the staff person's records.

121.30 (b) A family child care provider is exempt from the CPR training requirement in  
 121.31 this subdivision related to any substitute caregiver who provides less than 30 hours of  
 121.32 care during any 12-month period.

121.33 (c) ~~Video training reviewed and approved by the county licensing agency satisfies~~  
 121.34 ~~the training requirement of this subdivision.~~ Persons providing CPR training must use  
 121.35 CPR training that has been developed:

122.1 (1) by the American Heart Association or the American Red Cross and incorporates  
 122.2 psychomotor skills to support the instruction; or

122.3 (2) using nationally recognized, evidence-based guidelines for CPR training and  
 122.4 incorporates psychomotor skills to support the instruction.

122.5 Subd. 5. **Sudden unexpected infant death syndrome and shaken-baby syndrome**  
 122.6 **abusive head trauma training.** (a) License holders must document that before staff  
 122.7 persons, caregivers, and helpers assist in the care of infants, they are instructed on the  
 122.8 standards in section 245A.1435 and receive training on reducing the risk of sudden  
 122.9 unexpected infant death ~~syndrome~~. In addition, license holders must document that before  
 122.10 staff persons, caregivers, and helpers assist in the care of infants and children under  
 122.11 school age, they receive training on reducing the risk of ~~shaken-baby syndrome~~ abusive  
 122.12 head trauma from shaking infants and young children. The training in this subdivision  
 122.13 may be provided as initial training under subdivision 1 or ongoing annual training under  
 122.14 subdivision 7.

122.15 (b) Sudden unexpected infant death ~~syndrome~~ reduction training required under this  
 122.16 subdivision must be at least one-half hour in length and must be completed in person  
 122.17 at least once every ~~five years~~ two years. On the years when the license holder is not  
 122.18 receiving the in-person training on sudden unexpected infant death reduction, the license  
 122.19 holder must receive sudden unexpected infant death reduction training through a video  
 122.20 of no more than one hour in length developed or approved by the commissioner. At a  
 122.21 minimum, the training must address the risk factors related to sudden unexpected infant  
 122.22 death ~~syndrome~~, means of reducing the risk of sudden unexpected infant death ~~syndrome~~  
 122.23 in child care, and license holder communication with parents regarding reducing the risk  
 122.24 of sudden unexpected infant death ~~syndrome~~.

351.27 Subd. 4. **Cardiopulmonary resuscitation.** (a) When children are present in a family  
 351.28 child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least  
 351.29 one staff person must be present in the home who has been trained in cardiopulmonary  
 351.30 resuscitation (CPR) and in the treatment of obstructed airways that includes CPR  
 351.31 techniques for infants and children. The CPR training must have been provided by an  
 351.32 individual approved to provide CPR instruction, must be repeated at least once every ~~three~~  
 351.33 two years, and must be documented in the staff person's records.

351.34 (b) A family child care provider is exempt from the CPR training requirement in  
 351.35 this subdivision related to any substitute caregiver who provides less than 30 hours of  
 351.36 care during any 12-month period.

352.1 (c) ~~Video training reviewed and approved by the county licensing agency satisfies~~  
 352.2 ~~the training requirement of this subdivision.~~ Persons providing CPR training must use  
 352.3 CPR training that has been developed:

352.4 (1) by the American Heart Association or the American Red Cross and incorporates  
 352.5 psychomotor skills to support the instruction; or

352.6 (2) using nationally recognized, evidence-based guidelines for CPR training and  
 352.7 incorporates psychomotor skills to support the instruction.

352.8 Subd. 5. **Sudden unexpected infant death syndrome and shaken-baby syndrome**  
 352.9 **abusive head trauma training.** (a) License holders must document that before staff  
 352.10 persons, caregivers, and helpers assist in the care of infants, they are instructed on the  
 352.11 standards in section 245A.1435 and receive training on reducing the risk of sudden  
 352.12 unexpected infant death ~~syndrome~~. In addition, license holders must document that before  
 352.13 staff persons, caregivers, and helpers assist in the care of infants and children under  
 352.14 school age, they receive training on reducing the risk of ~~shaken-baby syndrome~~ abusive  
 352.15 head trauma from shaking infants and young children. The training in this subdivision  
 352.16 may be provided as initial training under subdivision 1 or ongoing annual training under  
 352.17 subdivision 7.

352.18 (b) Sudden unexpected infant death ~~syndrome~~ reduction training required under this  
 352.19 subdivision must be at least one-half hour in length and must be completed in person  
 352.20 at least once every ~~five years~~ two years. On the years when the license holder is not  
 352.21 receiving the in-person training on sudden unexpected infant death reduction, the license  
 352.22 holder must receive sudden unexpected infant death reduction training through a video  
 352.23 of no more than one hour in length developed or approved by the commissioner. At a  
 352.24 minimum, the training must address the risk factors related to sudden unexpected infant  
 352.25 death ~~syndrome~~, means of reducing the risk of sudden unexpected infant death ~~syndrome~~  
 352.26 in child care, and license holder communication with parents regarding reducing the risk  
 352.27 of sudden unexpected infant death ~~syndrome~~.

122.25 (c) ~~Shaken baby syndrome~~ Abusive head trauma training required under this  
 122.26 subdivision must be at least one-half hour in length and must be completed at least once  
 122.27 every ~~five years~~ year. At a minimum, the training must address the risk factors related  
 122.28 to ~~shaken baby syndrome~~ shaking infants and young children, means of reducing the  
 122.29 risk of ~~shaken baby syndrome~~ abusive head trauma in child care, and license holder  
 122.30 communication with parents regarding reducing the risk of ~~shaken baby syndrome~~ abusive  
 122.31 head trauma.

122.32 (d) Training for family and group family child care providers must be developed  
 122.33 by the commissioner in conjunction with the Minnesota Sudden Infant Death Center  
 122.34 and approved by the county licensing agency by the Minnesota Center for Professional  
 122.35 Development.

123.1 (e) ~~The commissioner shall make available for viewing by all licensed child care~~  
 123.2 ~~providers a video presentation on the dangers associated with shaking infants and young~~  
 123.3 ~~children. The video presentation shall be part of the initial and ongoing annual training of~~  
 123.4 ~~licensed child care providers, caregivers, and helpers caring for children under school age.~~  
 123.5 ~~The commissioner shall provide to child care providers and interested individuals, at cost,~~  
 123.6 ~~copies of a video approved by the commissioner of health under section 144.574 on the~~  
 123.7 ~~dangers associated with shaking infants and young children.~~

123.8 Subd. 6. **Child passenger restraint systems; training requirement.** (a) A license  
 123.9 holder must comply with all seat belt and child passenger restraint system requirements  
 123.10 under section 169.685.

123.11 (b) Family and group family child care programs licensed by the Department of  
 123.12 Human Services that serve a child or children under nine years of age must document  
 123.13 training that fulfills the requirements in this subdivision.

123.14 (1) Before a license holder, staff person, caregiver, or helper transports a child or  
 123.15 children under age nine in a motor vehicle, the person placing the child or children in a  
 123.16 passenger restraint must satisfactorily complete training on the proper use and installation  
 123.17 of child restraint systems in motor vehicles. Training completed under this subdivision may  
 123.18 be used to meet initial training under subdivision 1 or ongoing training under subdivision 7.

123.19 (2) Training required under this subdivision must be at least one hour in length,  
 123.20 completed at initial training, and repeated at least once every five years. At a minimum,  
 123.21 the training must address the proper use of child restraint systems based on the child's  
 123.22 size, weight, and age, and the proper installation of a car seat or booster seat in the motor  
 123.23 vehicle used by the license holder to transport the child or children.

123.24 (3) Training under this subdivision must be provided by individuals who are certified  
 123.25 and approved by the Department of Public Safety, Office of Traffic Safety. License holders  
 123.26 may obtain a list of certified and approved trainers through the Department of Public  
 123.27 Safety Web site or by contacting the agency.

352.28 (c) ~~Shaken baby syndrome~~ Abusive head trauma training required under this  
 352.29 subdivision must be at least one-half hour in length and must be completed at least once  
 352.30 every ~~five years~~ year. At a minimum, the training must address the risk factors related  
 352.31 to ~~shaken baby syndrome~~ shaking infants and young children, means of reducing the  
 352.32 risk of ~~shaken baby syndrome~~ abusive head trauma in child care, and license holder  
 352.33 communication with parents regarding reducing the risk of ~~shaken baby syndrome~~ abusive  
 352.34 head trauma.

352.35 (d) Training for family and group family child care providers must be developed  
 352.36 by the commissioner in conjunction with the Minnesota Sudden Infant Death Center  
 353.1 and approved by the county licensing agency by the Minnesota Center for Professional  
 353.2 Development.

353.3 (e) ~~The commissioner shall make available for viewing by all licensed child care~~  
 353.4 ~~providers a video presentation on the dangers associated with shaking infants and young~~  
 353.5 ~~children. The video presentation shall be part of the initial and ongoing annual training of~~  
 353.6 ~~licensed child care providers, caregivers, and helpers caring for children under school age.~~  
 353.7 ~~The commissioner shall provide to child care providers and interested individuals, at cost,~~  
 353.8 ~~copies of a video approved by the commissioner of health under section 144.574 on the~~  
 353.9 ~~dangers associated with shaking infants and young children.~~

353.10 Subd. 6. **Child passenger restraint systems; training requirement.** (a) A license  
 353.11 holder must comply with all seat belt and child passenger restraint system requirements  
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 353.14 Human Services that serve a child or children under nine years of age must document  
 353.15 training that fulfills the requirements in this subdivision.

353.16 (1) Before a license holder, staff person, caregiver, or helper transports a child or  
 353.17 children under age nine in a motor vehicle, the person placing the child or children in a  
 353.18 passenger restraint must satisfactorily complete training on the proper use and installation  
 353.19 of child restraint systems in motor vehicles. Training completed under this subdivision may  
 353.20 be used to meet initial training under subdivision 1 or ongoing training under subdivision 7.

353.21 (2) Training required under this subdivision must be at least one hour in length,  
 353.22 completed at initial training, and repeated at least once every five years. At a minimum,  
 353.23 the training must address the proper use of child restraint systems based on the child's  
 353.24 size, weight, and age, and the proper installation of a car seat or booster seat in the motor  
 353.25 vehicle used by the license holder to transport the child or children.

353.26 (3) Training under this subdivision must be provided by individuals who are certified  
 353.27 and approved by the Department of Public Safety, Office of Traffic Safety. License holders  
 353.28 may obtain a list of certified and approved trainers through the Department of Public  
 353.29 Safety Web site or by contacting the agency.

123.28 (c) Child care providers that only transport school-age children as defined in section 123.29 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448, 123.30 subdivision 1, paragraph (e), are exempt from this subdivision.

123.31 Subd. 7. **Training requirements for family and group family child care.** For 123.32 purposes of family and group family child care, the license holder and each primary 123.33 caregiver must complete ~~eight~~ 16 hours of ongoing training each year. For purposes 123.34 of this subdivision, a primary caregiver is an adult caregiver who provides services in 123.35 the licensed setting for more than 30 days in any 12-month period. Repeat of topical 123.36 training requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training 124.1 requirement. Additional ongoing training subjects to meet the annual 16-hour training 124.2 requirement must be selected from the following areas:

124.3 (1) "child growth and development training" ~~has the meaning given in~~ under 124.4 subdivision 2, paragraph (a);

124.5 (2) "learning environment and curriculum" ~~includes, including~~ training in 124.6 establishing an environment and providing activities that provide learning experiences to 124.7 meet each child's needs, capabilities, and interests;

124.8 (3) "assessment and planning for individual needs" ~~includes, including~~ training in 124.9 observing and assessing what children know and can do in order to provide curriculum 124.10 and instruction that addresses their developmental and learning needs, including children 124.11 with special needs and bilingual children or children for whom English is not their 124.12 primary language;

124.13 (4) "interactions with children" ~~includes, including~~ training in establishing 124.14 supportive relationships with children, guiding them as individuals and as part of a group;

124.15 (5) "families and communities" ~~includes, including~~ training in working 124.16 collaboratively with families and agencies or organizations to meet children's needs and to 124.17 encourage the community's involvement;

124.18 (6) "health, safety, and nutrition" ~~includes, including~~ training in establishing and 124.19 maintaining an environment that ensures children's health, safety, and nourishment, 124.20 including child abuse, maltreatment, prevention, and reporting; home and fire safety; child 124.21 injury prevention; communicable disease prevention and control; first aid; and CPR; ~~and~~

124.22 (7) "program planning and evaluation" ~~includes, including~~ training in establishing, 124.23 implementing, evaluating, and enhancing program operations; ~~and~~

124.24 (8) behavior guidance, including training in the understanding of the functions of 124.25 child behavior and strategies for managing behavior.

353.30 (c) Child care providers that only transport school-age children as defined in section 353.31 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448, 353.32 subdivision 1, paragraph (e), are exempt from this subdivision.

353.33 Subd. 7. **Training requirements for family and group family child care.** For 353.34 purposes of family and group family child care, the license holder and each primary 353.35 caregiver must complete ~~eight~~ 16 hours of ongoing training each year. For purposes 353.36 of this subdivision, a primary caregiver is an adult caregiver who provides services in 354.1 the licensed setting for more than 30 days in any 12-month period. Repeat of topical 354.2 training requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training 354.3 requirement. Additional ongoing training subjects to meet the annual 16-hour training 354.4 requirement must be selected from the following areas:

354.5 (1) "child growth and development training" ~~has the meaning given in~~ under 354.6 subdivision 2, paragraph (a);

354.7 (2) "learning environment and curriculum" ~~includes, including~~ training in 354.8 establishing an environment and providing activities that provide learning experiences to 354.9 meet each child's needs, capabilities, and interests;

354.10 (3) "assessment and planning for individual needs" ~~includes, including~~ training in 354.11 observing and assessing what children know and can do in order to provide curriculum 354.12 and instruction that addresses their developmental and learning needs, including children 354.13 with special needs and bilingual children or children for whom English is not their 354.14 primary language;

354.15 (4) "interactions with children" ~~includes, including~~ training in establishing 354.16 supportive relationships with children, guiding them as individuals and as part of a group;

354.17 (5) "families and communities" ~~includes, including~~ training in working 354.18 collaboratively with families and agencies or organizations to meet children's needs and to 354.19 encourage the community's involvement;

354.20 (6) "health, safety, and nutrition" ~~includes, including~~ training in establishing and 354.21 maintaining an environment that ensures children's health, safety, and nourishment, 354.22 including child abuse, maltreatment, prevention, and reporting; home and fire safety; child 354.23 injury prevention; communicable disease prevention and control; first aid; and CPR; ~~and~~

354.24 (7) "program planning and evaluation" ~~includes, including~~ training in establishing, 354.25 implementing, evaluating, and enhancing program operations; ~~and~~

354.26 (8) behavior guidance, including training in the understanding of the functions of 354.27 child behavior and strategies for managing behavior.

124.26 Subd. 8. **Other required training requirements.** (a) The training required of  
124.27 family and group family child care providers and staff must include training in the cultural  
124.28 dynamics of early childhood development and child care. The cultural dynamics and  
124.29 disabilities training and skills development of child care providers must be designed to  
124.30 achieve outcomes for providers of child care that include, but are not limited to:

124.31 (1) an understanding and support of the importance of culture and differences in  
124.32 ability in children's identity development;

124.33 (2) understanding the importance of awareness of cultural differences and  
124.34 similarities in working with children and their families;

124.35 (3) understanding and support of the needs of families and children with differences  
124.36 in ability;

125.1 (4) developing skills to help children develop unbiased attitudes about cultural  
125.2 differences and differences in ability;

125.3 (5) developing skills in culturally appropriate caregiving; and

125.4 (6) developing skills in appropriate caregiving for children of different abilities.

125.5 The commissioner shall approve the curriculum for cultural dynamics and disability  
125.6 training.

125.7 (b) The provider must meet the training requirement in section 245A.14, subdivision  
125.8 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child  
125.9 care or group family child care home to use the swimming pool located at the home.

125.10 Subd. 9. **Supervising for safety; training requirement.** Effective July 1, 2014,  
125.11 all family child care license holders and each adult caregiver who provides care in the  
125.12 licensed family child care home for more than 30 days in any 12-month period shall  
125.13 complete and document at least six hours approved training on supervising for safety  
125.14 prior to initial licensure, and before caring for children. At least two hours of training  
125.15 on supervising for safety must be repeated annually. For purposes of this subdivision,  
125.16 "supervising for safety" includes supervision basics, supervision outdoors, equipment and  
125.17 materials, illness, injuries, and disaster preparedness. The commissioner shall develop  
125.18 the supervising for safety curriculum by January 1, 2014.

125.19 Subd. 10. **Approved training.** (a) County licensing staff must accept training  
125.20 approved by the Minnesota Center for Professional Development, including:

125.21 (1) face-to-face or classroom training;

125.22 (2) online training; and

125.23 (3) relationship-based professional development, such as mentoring, coaching,  
125.24 and consulting.

354.28 Subd. 8. **Other required training requirements.** (a) The training required of  
354.29 family and group family child care providers and staff must include training in the cultural  
354.30 dynamics of early childhood development and child care. The cultural dynamics and  
354.31 disabilities training and skills development of child care providers must be designed to  
354.32 achieve outcomes for providers of child care that include, but are not limited to:

354.33 (1) an understanding and support of the importance of culture and differences in  
354.34 ability in children's identity development;

354.35 (2) understanding the importance of awareness of cultural differences and  
354.36 similarities in working with children and their families;

355.1 (3) understanding and support of the needs of families and children with differences  
355.2 in ability;

355.3 (4) developing skills to help children develop unbiased attitudes about cultural  
355.4 differences and differences in ability;

355.5 (5) developing skills in culturally appropriate caregiving; and

355.6 (6) developing skills in appropriate caregiving for children of different abilities.

355.7 The commissioner shall approve the curriculum for cultural dynamics and disability  
355.8 training.

355.9 (b) The provider must meet the training requirement in section 245A.14, subdivision  
355.10 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child  
355.11 care or group family child care home to use the swimming pool located at the home.

355.12 Subd. 9. **Supervising for safety; training requirement.** Effective July 1, 2014,  
355.13 all family child care license holders and each adult caregiver who provides care in the  
355.14 licensed family child care home for more than 30 days in any 12-month period shall  
355.15 complete and document at least six hours of approved training on supervising for safety  
355.16 prior to initial licensure, and before caring for children. At least two hours of training  
355.17 on supervising for safety must be repeated annually. For purposes of this subdivision,  
355.18 "supervising for safety" includes supervision basics, supervision outdoors, equipment and  
355.19 materials, illness, injuries, and disaster preparedness. The commissioner shall develop  
355.20 the supervising for safety curriculum by January 1, 2014.

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355.22 by the Minnesota Center for Professional Development, including:

355.23 (1) face-to-face or classroom training;

355.24 (2) online training; and

355.25 (3) relationship-based professional development, such as mentoring, coaching,  
355.26 and consulting.



125.25 (b) New and increased training requirements under this section must not be imposed  
125.26 on providers until the commissioner establishes statewide accessibility to the required  
125.27 provider training.

125.28 Sec. 15. Minnesota Statutes 2012, section 252.27, subdivision 2a, is amended to read:

125.29 Subd. 2a. **Contribution amount.** (a) The natural or adoptive parents of a minor  
125.30 child, including a child determined eligible for medical assistance without consideration of  
125.31 parental income, must contribute to the cost of services used by making monthly payments  
125.32 on a sliding scale based on income, unless the child is married or has been married, parental  
125.33 rights have been terminated, or the child's adoption is subsidized according to section  
125.34 259.67 or through title IV-E of the Social Security Act. The parental contribution is a partial  
125.35 or full payment for medical services provided for diagnostic, therapeutic, curing, treating,  
126.1 mitigating, rehabilitation, maintenance, and personal care services as defined in United  
126.2 States Code, title 26, section 213, needed by the child with a chronic illness or disability.

126.3 (b) For households with adjusted gross income equal to or greater than 100 percent  
126.4 of federal poverty guidelines, the parental contribution shall be computed by applying the  
126.5 following schedule of rates to the adjusted gross income of the natural or adoptive parents:

126.6 (1) if the adjusted gross income is equal to or greater than 100 percent of federal  
126.7 poverty guidelines and less than 175 percent of federal poverty guidelines, the parental  
126.8 contribution is \$4 per month;

126.9 (2) if the adjusted gross income is equal to or greater than 175 percent of federal  
126.10 poverty guidelines and less than or equal to 545 percent of federal poverty guidelines,  
126.11 the parental contribution shall be determined using a sliding fee scale established by the  
126.12 commissioner of human services which begins at one percent of adjusted gross income  
126.13 at 175 percent of federal poverty guidelines and increases to 7.5 percent of adjusted  
126.14 gross income for those with adjusted gross income up to 545 percent of federal poverty  
126.15 guidelines;

126.16 (3) if the adjusted gross income is greater than 545 percent of federal poverty  
126.17 guidelines and less than 675 percent of federal poverty guidelines, the parental  
126.18 contribution shall be 7.5 percent of adjusted gross income;

126.19 (4) if the adjusted gross income is equal to or greater than 675 percent of federal  
126.20 poverty guidelines and less than 975 percent of federal poverty guidelines, the parental  
126.21 contribution shall be determined using a sliding fee scale established by the commissioner  
126.22 of human services which begins at 7.5 percent of adjusted gross income at 675 percent of  
126.23 federal poverty guidelines and increases to ten percent of adjusted gross income for those  
126.24 with adjusted gross income up to 975 percent of federal poverty guidelines; and

126.25 (5) if the adjusted gross income is equal to or greater than 975 percent of federal  
126.26 poverty guidelines, the parental contribution shall be 12.5 percent of adjusted gross income.

355.27 Subd. 11. **Provider training.** New and increased training requirements under this  
355.28 section must not be imposed on providers until the commissioner establishes statewide  
355.29 accessibility to the required provider training.

126.27 If the child lives with the parent, the annual adjusted gross income is reduced by  
126.28 \$2,400 prior to calculating the parental contribution. If the child resides in an institution  
126.29 specified in section 256B.35, the parent is responsible for the personal needs allowance  
126.30 specified under that section in addition to the parental contribution determined under this  
126.31 section. The parental contribution is reduced by any amount required to be paid directly to  
126.32 the child pursuant to a court order, but only if actually paid.

126.33 (c) The household size to be used in determining the amount of contribution under  
126.34 paragraph (b) includes natural and adoptive parents and their dependents, including the  
126.35 child receiving services. Adjustments in the contribution amount due to annual changes  
127.1 in the federal poverty guidelines shall be implemented on the first day of July following  
127.2 publication of the changes.

127.3 (d) For purposes of paragraph (b), "income" means the adjusted gross income of the  
127.4 natural or adoptive parents determined according to the previous year's federal tax form,  
127.5 except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds  
127.6 have been used to purchase a home shall not be counted as income.

127.7 (e) The contribution shall be explained in writing to the parents at the time eligibility  
127.8 for services is being determined. The contribution shall be made on a monthly basis  
127.9 effective with the first month in which the child receives services. Annually upon  
127.10 redetermination or at termination of eligibility, if the contribution exceeded the cost of  
127.11 services provided, the local agency or the state shall reimburse that excess amount to  
127.12 the parents, either by direct reimbursement if the parent is no longer required to pay a  
127.13 contribution, or by a reduction in or waiver of parental fees until the excess amount is  
127.14 exhausted. All reimbursements must include a notice that the amount reimbursed may be  
127.15 taxable income if the parent paid for the parent's fees through an employer's health care  
127.16 flexible spending account under the Internal Revenue Code, section 125, and that the  
127.17 parent is responsible for paying the taxes owed on the amount reimbursed.

127.18 (f) The monthly contribution amount must be reviewed at least every 12 months;  
127.19 when there is a change in household size; and when there is a loss of or gain in income  
127.20 from one month to another in excess of ten percent. The local agency shall mail a written  
127.21 notice 30 days in advance of the effective date of a change in the contribution amount.  
127.22 A decrease in the contribution amount is effective in the month that the parent verifies a  
127.23 reduction in income or change in household size.

127.24 (g) Parents of a minor child who do not live with each other shall each pay the  
127.25 contribution required under paragraph (a). An amount equal to the annual court-ordered  
127.26 child support payment actually paid on behalf of the child receiving services shall be  
127.27 deducted from the adjusted gross income of the parent making the payment prior to  
127.28 calculating the parental contribution under paragraph (b).

127.29 (h) The contribution under paragraph (b) shall be increased by an additional five  
127.30 percent if the local agency determines that insurance coverage is available but not  
127.31 obtained for the child. For purposes of this section, "available" means the insurance is a  
127.32 benefit of employment for a family member at an annual cost of no more than five percent  
127.33 of the family's annual income. For purposes of this section, "insurance" means health  
127.34 and accident insurance coverage, enrollment in a nonprofit health service plan, health  
127.35 maintenance organization, self-insured plan, or preferred provider organization.

128.1 Parents who have more than one child receiving services shall not be required  
128.2 to pay more than the amount for the child with the highest expenditures. There shall  
128.3 be no resource contribution from the parents. The parent shall not be required to pay  
128.4 a contribution in excess of the cost of the services provided to the child, not counting  
128.5 payments made to school districts for education-related services. Notice of an increase in  
128.6 fee payment must be given at least 30 days before the increased fee is due.

128.7 (i) The contribution under paragraph (b) shall be reduced by \$300 per fiscal year if,  
128.8 in the 12 months prior to July 1:

128.9 (1) the parent applied for insurance for the child;

128.10 (2) the insurer denied insurance;

128.11 (3) the parents submitted a complaint or appeal, in writing to the insurer, submitted  
128.12 a complaint or appeal, in writing, to the commissioner of health or the commissioner of  
128.13 commerce, or litigated the complaint or appeal; and

128.14 (4) as a result of the dispute, the insurer reversed its decision and granted insurance.

128.15 For purposes of this section, "insurance" has the meaning given in paragraph (h).

128.16 A parent who has requested a reduction in the contribution amount under this  
128.17 paragraph shall submit proof in the form and manner prescribed by the commissioner or  
128.18 county agency, including, but not limited to, the insurer's denial of insurance, the written  
128.19 letter or complaint of the parents, court documents, and the written response of the insurer  
128.20 approving insurance. The determinations of the commissioner or county agency under this  
128.21 paragraph are not rules subject to chapter 14.

128.22 ~~(j) Notwithstanding paragraph (b), for the period from July 1, 2010, to June 30,~~  
128.23 ~~2015, the parental contribution shall be computed by applying the following contribution~~  
128.24 ~~schedule to the adjusted gross income of the natural or adoptive parents:~~

128.25 ~~(1) if the adjusted gross income is equal to or greater than 100 percent of federal~~  
128.26 ~~poverty guidelines and less than 175 percent of federal poverty guidelines, the parental~~  
128.27 ~~contribution is \$4 per month;~~

~~128.28 (2) if the adjusted gross income is equal to or greater than 175 percent of federal  
128.29 poverty guidelines and less than or equal to 525 percent of federal poverty guidelines;  
128.30 the parental contribution shall be determined using a sliding fee scale established by the  
128.31 commissioner of human services which begins at one percent of adjusted gross income  
128.32 at 175 percent of federal poverty guidelines and increases to eight percent of adjusted  
128.33 gross income for those with adjusted gross income up to 525 percent of federal poverty  
128.34 guidelines;~~

~~129.1 (3) if the adjusted gross income is greater than 525 percent of federal poverty  
129.2 guidelines and less than 675 percent of federal poverty guidelines, the parental  
129.3 contribution shall be 9.5 percent of adjusted gross income;~~

~~129.4 (4) if the adjusted gross income is equal to or greater than 675 percent of federal  
129.5 poverty guidelines and less than 900 percent of federal poverty guidelines, the parental  
129.6 contribution shall be determined using a sliding fee scale established by the commissioner  
129.7 of human services which begins at 9.5 percent of adjusted gross income at 675 percent of  
129.8 federal poverty guidelines and increases to 12 percent of adjusted gross income for those  
129.9 with adjusted gross income up to 900 percent of federal poverty guidelines; and~~

~~129.10 (5) if the adjusted gross income is equal to or greater than 900 percent of federal  
129.11 poverty guidelines, the parental contribution shall be 13.5 percent of adjusted gross  
129.12 income. If the child lives with the parent, the annual adjusted gross income is reduced by  
129.13 \$2,400 prior to calculating the parental contribution. If the child resides in an institution  
129.14 specified in section 256B.35, the parent is responsible for the personal needs allowance  
129.15 specified under that section in addition to the parental contribution determined under this  
129.16 section. The parental contribution is reduced by any amount required to be paid directly to  
129.17 the child pursuant to a court order, but only if actually paid.~~

~~129.18 Sec. 16. Minnesota Statutes 2012, section 256.82, subdivision 3, is amended to read:~~

~~129.19 Subd. 3. **Setting foster care standard rates.** The commissioner shall annually  
129.20 establish minimum standard maintenance rates for foster care maintenance and difficulty  
129.21 of care payments for all children in foster care. Any increase in rates shall in no case  
129.22 exceed three percent per annum. The foster care rates in effect on January 1, 2013, shall  
129.23 remain in effect until December 13, 2015.~~

357.7 Sec. 17. **[256.999] CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP**  
357.8 **COUNCIL.**

357.9 Subdivision 1. **Establishment; purpose.** There is hereby established the Cultural  
357.10 and Ethnic Communities Leadership Council for the Department of Human Services. The  
357.11 purpose of the council is to advise the commissioner of human services on reducing  
357.12 disparities that affect racial and ethnic groups.

357.13 Subd. 2. **Members.** (a) The council must consist of no fewer than 15 and no more  
357.14 than 25 members appointed by the commissioner of human services, in consultation with  
357.15 county, tribal, cultural, and ethnic communities; diverse program participants; and parent  
357.16 representatives from these communities. The commissioner shall direct the development  
357.17 of guidelines defining the membership of the council; setting out definitions; and  
357.18 developing duties of the commissioner, the council, and council members regarding racial  
357.19 and ethnic disparities reduction. The guidelines must be developed in consultation with:

357.20 (1) the chairs of relevant committees; and

357.21 (2) county, tribal, and cultural communities and program participants from these  
357.22 communities.

357.23 (b) Members must be appointed to allow for representation of the following groups:

357.24 (1) racial and ethnic minority groups;

357.25 (2) tribal service providers;

357.26 (3) culturally and linguistically specific advocacy groups and service providers;

357.27 (4) human services program participants;

357.28 (5) public and private institutions;

357.29 (6) parents of human services program participants;

357.30 (7) members of the faith community;

357.31 (8) Department of Human Services employees;

357.32 (9) chairs of relevant legislative committees; and

357.33 (10) any other group the commissioner deems appropriate to facilitate the goals  
357.34 and duties of the council.

358.1 (c) Each member of the council must be appointed to either a one-year or two-year  
358.2 term. The commissioner shall appoint one member as chair.

358.3 (d) Notwithstanding section 15.059, members of the council shall receive no  
358.4 compensation for their services.

358.5 Subd. 3. **Duties of commissioner.** (a) The commissioner of human services or the  
358.6 commissioner's designee shall:

358.7 (1) maintain the council established in this section;

358.8 (2) supervise and coordinate policies for persons from racial, ethnic, cultural,  
358.9 linguistic, and tribal communities who experience disparities in access and outcomes;

358.10 (3) identify human services rules or statutes affecting persons from racial, ethnic,  
358.11 cultural, linguistic, and tribal communities that may need to be revised;

358.12 (4) investigate and implement cost-effective models of service delivery such as  
358.13 careful adaptation of clinically proven services that constitute one strategy for increasing  
358.14 the number of culturally relevant services available to currently underserved populations;  
358.15 (5) based on recommendations of the council, review identified department  
358.16 policies that maintain racial, ethnic, cultural, linguistic, and tribal disparities, and make  
358.17 adjustments to ensure those disparities are not perpetuated; and  
358.18 (6) based on recommendations of the council, submit legislation to reduce disparities  
358.19 affecting racial and ethnic groups, increase access to programs, and promote better  
358.20 outcomes.  
358.21 (b) The commissioner of human services or the commissioner's designee shall  
358.22 consult with the council and receive recommendations from the council when meeting  
358.23 the requirements of this section.  
358.24 Subd. 4. **Duties of council.** The Cultural and Ethnic Communities Leadership  
358.25 Council shall:  
358.26 (1) recommend to the commissioner for review identified policies in the Department  
358.27 of Human Services that maintain racial, ethnic, cultural, linguistic, and tribal disparities;  
358.28 (2) identify issues regarding disparities by engaging diverse populations in human  
358.29 services programs;  
358.30 (3) engage in mutual learning essential for achieving human services parity and  
358.31 optimal wellness for service recipients;  
358.32 (4) raise awareness about human services disparities to the legislature and media;  
358.33 (5) provide technical assistance and consultation support to counties, private  
358.34 nonprofit agencies, and other service providers to build their capacity to provide equitable  
358.35 human services for persons from racial, ethnic, cultural, linguistic, and tribal communities  
358.36 who experience disparities in access and outcomes;  
359.1 (6) provide technical assistance to promote statewide development of culturally  
359.2 and linguistically appropriate, accessible, and cost-effective human services and related  
359.3 policies;  
359.4 (7) provide training and outreach to facilitate access to culturally and linguistically  
359.5 appropriate, accessible, and cost-effective human services to prevent disparities;  
359.6 (8) facilitate culturally appropriate and culturally sensitive admissions, continued  
359.7 services, discharges, and utilization review for human services agencies and institutions;  
359.8 (9) form work groups to help carry out the duties of the council that include, but are  
359.9 not limited to, persons who provide and receive services and representatives of advocacy  
359.10 groups, and provide the work groups with clear guidelines, standardized parameters, and  
359.11 tasks for the work groups to accomplish; and

359.12 (10) promote information-sharing in the human services community and statewide.

359.13 Subd. 5. **Duties of council members.** The members of the council shall:

359.14 (1) attend and participate in scheduled meetings and be prepared by reviewing

359.15 meeting notes;

359.16 (2) maintain open communication channels with respective constituencies;

359.17 (3) identify and communicate issues and risks that could impact the timely

359.18 completion of tasks;

359.19 (4) collaborate on disparity reduction efforts;

359.20 (5) communicate updates of the council's work progress and status on the

359.21 Department of Human Services Web site; and

359.22 (6) participate in any activities the council or chair deem appropriate and necessary

359.23 to facilitate the goals and duties of the council.

359.24 Subd. 6. **Expiration.** Notwithstanding section 15.059, the council does not expire

359.25 unless directed by the commissioner.

359.26 Sec. 18. Minnesota Statutes 2012, section 256D.024, is amended by adding a

359.27 subdivision to read:

359.28 Subd. 5. **Person convicted of certain crimes of violence.** An individual convicted

359.29 of one of the following crimes is disqualified from receiving general assistance:

359.30 (1) murder in the first degree, as defined in section 609.185, or as defined under the

359.31 laws of the jurisdiction in which the crime was committed;

359.32 (2) murder in the second degree as defined in section 609.19, or as defined under the

359.33 laws of the jurisdiction in which the crime was committed; or

359.34 (3) criminal sexual conduct in the first degree, as defined in section 609.342, or as

359.35 defined under the laws of the jurisdiction in which the crime was committed.

360.1 **EFFECTIVE DATE.** This section is effective July 1, 2013.

360.2 Sec. 19. Minnesota Statutes 2012, section 256I.04, subdivision 3, is amended to read:

360.3 Subd. 3. **Moratorium on development of group residential housing beds.** (a)

360.4 County agencies shall not enter into agreements for new group residential housing beds

360.5 with total rates in excess of the MSA equivalent rate except:

360.6 (1) for group residential housing establishments licensed under Minnesota Rules,  
360.7 parts 9525.0215 to 9525.0355, provided the facility is needed to meet the census reduction  
360.8 targets for persons with developmental disabilities at regional treatment centers;

360.9 (2) to ensure compliance with the federal Omnibus Budget Reconciliation Act  
360.10 alternative disposition plan requirements for inappropriately placed persons with  
360.11 developmental disabilities or mental illness;

360.12 (3) up to 80 beds in a single, specialized facility located in Hennepin County that will  
360.13 provide housing for chronic inebriates who are repetitive users of detoxification centers  
360.14 and are refused placement in emergency shelters because of their state of intoxication,  
360.15 and planning for the specialized facility must have been initiated before July 1, 1991,  
360.16 in anticipation of receiving a grant from the Housing Finance Agency under section  
360.17 462A.05, subdivision 20a, paragraph (b);

360.18 (4) notwithstanding the provisions of subdivision 2a, for up to 190 supportive  
360.19 housing units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a  
360.20 mental illness, a history of substance abuse, or human immunodeficiency virus or acquired  
360.21 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a  
360.22 person who is living on the street or in a shelter or discharged from a regional treatment  
360.23 center, community hospital, or residential treatment program and has no appropriate  
360.24 housing available and lacks the resources and support necessary to access appropriate  
360.25 housing. At least 70 percent of the supportive housing units must serve homeless adults  
360.26 with mental illness, substance abuse problems, or human immunodeficiency virus or  
360.27 acquired immunodeficiency syndrome who are about to be or, within the previous six  
360.28 months, has been discharged from a regional treatment center, or a state-contracted  
360.29 psychiatric bed in a community hospital, or a residential mental health or chemical  
360.30 dependency treatment program. If a person meets the requirements of subdivision 1,  
360.31 paragraph (a), and receives a federal or state housing subsidy, the group residential housing  
360.32 rate for that person is limited to the supplementary rate under section 256I.05, subdivision  
360.33 1a, and is determined by subtracting the amount of the person's countable income that  
360.34 exceeds the MSA equivalent rate from the group residential housing supplementary rate.  
360.35 A resident in a demonstration project site who no longer participates in the demonstration  
361.1 program shall retain eligibility for a group residential housing payment in an amount  
361.2 determined under section 256I.06, subdivision 8, using the MSA equivalent rate. Service  
361.3 funding under section 256I.05, subdivision 1a, will end June 30, 1997, if federal matching  
361.4 funds are available and the services can be provided through a managed care entity. If  
361.5 federal matching funds are not available, then service funding will continue under section  
361.6 256I.05, subdivision 1a;



361.7 (5) for group residential housing beds in settings meeting the requirements of  
361.8 subdivision 2a, clauses (1) and (3), which are used exclusively for recipients receiving  
361.9 home and community-based waiver services under sections 256B.0915, 256B.092,  
361.10 subdivision 5, 256B.093, and 256B.49, and who resided in a nursing facility for the six  
361.11 months immediately prior to the month of entry into the group residential housing setting.  
361.12 The group residential housing rate for these beds must be set so that the monthly group  
361.13 residential housing payment for an individual occupying the bed when combined with the  
361.14 nonfederal share of services delivered under the waiver for that person does not exceed the  
361.15 nonfederal share of the monthly medical assistance payment made for the person to the  
361.16 nursing facility in which the person resided prior to entry into the group residential housing  
361.17 establishment. The rate may not exceed the MSA equivalent rate plus \$426.37 for any case;

361.18 (6) for an additional two beds, resulting in a total of 32 beds, for a facility located in  
361.19 Hennepin County providing services for recovering and chemically dependent men that  
361.20 has had a group residential housing contract with the county and has been licensed as a  
361.21 board and lodge facility with special services since 1980;

361.22 (7) for a group residential housing provider located in the city of St. Cloud, or a county  
361.23 contiguous to the city of St. Cloud, that operates a 40-bed facility, that received financing  
361.24 through the Minnesota Housing Finance Agency Ending Long-Term Homelessness  
361.25 Initiative and serves chemically dependent clientele, providing 24-hour-a-day supervision;

361.26 (8) for a new 65-bed facility in Crow Wing County that will serve chemically  
361.27 dependent persons, operated by a group residential housing provider that currently  
361.28 operates a 304-bed facility in Minneapolis, and a 44-bed facility in Duluth;

361.29 (9) for a group residential housing provider that operates two ten-bed facilities, one  
361.30 located in Hennepin County and one located in Ramsey County, that provide community  
361.31 support and 24-hour-a-day supervision to serve the mental health needs of individuals  
361.32 who have chronically lived unsheltered; and

361.33 (10) for a group residential facility in Hennepin County with a capacity of up to 48  
361.34 beds that has been licensed since 1978 as a board and lodging facility and that until August  
361.35 1, 2007, operated as a licensed chemical dependency treatment program.

362.1 (b) A county agency may enter into a group residential housing agreement for beds  
362.2 with rates in excess of the MSA equivalent rate in addition to those currently covered  
362.3 under a group residential housing agreement if the additional beds are only a replacement  
362.4 of beds with rates in excess of the MSA equivalent rate which have been made available  
362.5 due to closure of a setting, a change of licensure or certification which removes the beds  
362.6 from group residential housing payment, or as a result of the downsizing of a group  
362.7 residential housing setting. The transfer of available beds from one county to another can  
362.8 only occur by the agreement of both counties.

362.9 (c) Effective July 1, 2013, 35 beds with rates in excess of the MSA-equivalent rate  
362.10 must be designated for youth victims of sex trafficking.

129.24 Sec. 17. Minnesota Statutes 2012, section 256J.08, subdivision 24, is amended to read:

129.25 Subd. 24. **Disregard.** "Disregard" means earned income that is not counted ~~when~~

129.26 ~~determining initial eligibility in the initial income test in section 256J.21, subdivision 3,~~

129.27 ~~or income that is not counted when determining ongoing eligibility and calculating the~~

129.28 ~~amount of the assistance payment for participants. The commissioner shall determine~~

129.29 ~~the amount of the disregard according to section 256J.24, subdivision 10 for ongoing~~

129.30 ~~eligibility shall be 50 percent of gross earned income.~~

129.31 **EFFECTIVE DATE.** This section is effective October 1, 2013, or upon approval

129.32 from the United States Department of Agriculture, whichever is later.

363.4 Sec. 21. Minnesota Statutes 2012, section 256J.15, is amended by adding a subdivision  
363.5 to read:

363.6 Subd. 3. **Eligibility; drug testing.** (a) To be eligible for MFIP, a person must

363.7 undergo drug and alcohol screening, the extent practicable, following the established

363.8 procedures and reliability safeguards provided for screening in sections 181.951, 181.953,

363.9 and 181.954. A county agency may require a recipient of benefits to undergo random

363.10 drug screening. An applicant must provide evidence of a negative test result to the

363.11 appropriate county agency prior to being accepted for MFIP benefits and prior to receiving

363.12 an extension of benefits under section 256J.425.

363.13 (b) A laboratory must report to the appropriate county agency any positive test results

363.14 returned on an applicant or recipient of MFIP benefits. Upon receipt of a positive test result,

363.15 a county agency must deny or discontinue benefits until the person demonstrates a pattern

363.16 of negative test results that satisfy the agency that the person is no longer a drug user.

363.17 (c) A person who undergoes testing under this subdivision shall pay a fee to the

363.18 laboratory for the cost of the test prior to testing.

363.19 **EFFECTIVE DATE.** This section is effective July 1, 2013.

129.33 Sec. 18. Minnesota Statutes 2012, section 256J.21, subdivision 3, is amended to read:

130.1 Subd. 3. **Initial income test.** The county agency shall determine initial eligibility

130.2 by considering all earned and unearned income that is not excluded under subdivision 2.

130.3 To be eligible for MFIP, the assistance unit's countable income minus the disregards in

130.4 paragraphs (a) and (b) must be below the transitional standard of assistance family wage

130.5 level according to section 256J.24 for that size assistance unit.

130.6 (a) The initial eligibility determination must disregard the following items:

130.7 (1) the employment disregard is 18 percent of the gross earned income whether or  
130.8 not the member is working full time or part time;

130.9 (2) dependent care costs must be deducted from gross earned income for the actual  
130.10 amount paid for dependent care up to a maximum of \$200 per month for each child less  
130.11 than two years of age, and \$175 per month for each child two years of age and older under  
130.12 this chapter and chapter 119B;

130.13 (3) all payments made according to a court order for spousal support or the support  
130.14 of children not living in the assistance unit's household shall be disregarded from the  
130.15 income of the person with the legal obligation to pay support, provided that, if there has  
130.16 been a change in the financial circumstances of the person with the legal obligation to pay  
130.17 support since the support order was entered, the person with the legal obligation to pay  
130.18 support has petitioned for a modification of the support order; and

130.19 (4) an allocation for the unmet need of an ineligible spouse or an ineligible child  
130.20 under the age of 21 for whom the caregiver is financially responsible and who lives with  
130.21 the caregiver according to section 256J.36.

130.22 (b) Notwithstanding paragraph (a), when determining initial eligibility for applicant  
130.23 units when at least one member has received MFIP in this state within four months of  
130.24 the most recent application for MFIP, apply the disregard as defined in section 256J.08,  
130.25 subdivision 24, for all unit members.

130.26 After initial eligibility is established, the assistance payment calculation is based on  
130.27 the monthly income test.

130.28 **EFFECTIVE DATE.** This section is effective October 1, 2013, or upon approval  
130.29 from the United States Department of Agriculture, whichever is later.

130.30 Sec. 19. Minnesota Statutes 2012, section 256J.24, subdivision 5, is amended to read:

130.31 Subd. 5. **MFIP transitional standard.** The MFIP transitional standard is based  
130.32 on the number of persons in the assistance unit eligible for both food and cash assistance  
130.33 ~~unless the restrictions in subdivision 6 on the birth of a child apply.~~ The amount of the  
130.34 transitional standard is published annually by the Department of Human Services.

131.1 **EFFECTIVE DATE.** This section is effective July 1, 2014.

131.2 Sec. 20. Minnesota Statutes 2012, section 256J.24, subdivision 5a, is amended to read:

131.3 Subd. 5a. ~~Food portion of Adjustments to the MFIP transitional standard.~~ (a)  
131.4 Effective October 1, 2015, the commissioner shall adjust the MFIP transitional standard as  
131.5 needed to reflect a onetime increase in the cash portion of 16 percent.

131.6 (b) When any adjustments are made in the Supplemental Nutrition Assistance  
131.7 Program, the commissioner shall adjust the food portion of the MFIP transitional standard  
131.8 as needed to reflect adjustments to the Supplemental Nutrition Assistance Program. The  
131.9 commissioner shall publish the transitional standard including a breakdown of the cash  
131.10 and food portions for an assistance unit of sizes one to ten in the State Register whenever  
131.11 an adjustment is made.

131.12 Sec. 21. Minnesota Statutes 2012, section 256J.24, subdivision 7, is amended to read:

131.13 Subd. 7. **Family wage level.** The family wage level is 110 percent of the transitional  
131.14 standard under subdivision 5 or 6, ~~when applicable, and is the standard used when there is~~  
131.15 ~~earned income in the assistance unit. As specified in section 256J.21.~~ If there is earned  
131.16 income in the assistance unit, earned income is subtracted from the family wage level to  
131.17 determine the amount of the assistance payment, as specified in section 256J.21. The  
131.18 assistance payment may not exceed the transitional standard under subdivision 5 or 6,  
131.19 or the shared household standard under subdivision 9, whichever is applicable, for the  
131.20 assistance unit.

131.21 **EFFECTIVE DATE.** This section is effective October 1, 2013, or upon approval  
131.22 from the United States Department of Agriculture, whichever is later.

363.20 Sec. 22. Minnesota Statutes 2012, section 256J.26, subdivision 3, is amended to read:

363.21 Subd. 3. **Fleeing felons.** An individual who is fleeing to avoid prosecution, or  
363.22 custody, or confinement after conviction for a crime that is a felony under the laws of  
363.23 the jurisdiction from which the individual flees, or in the case of New Jersey, is a high  
363.24 misdemeanor, is disqualified from receiving MFIP. The county agency must cooperate  
363.25 with law enforcement agencies to determine if an applicant is a fleeing felon under this  
363.26 subdivision.

363.27 Sec. 23. Minnesota Statutes 2012, section 256J.26, is amended by adding a subdivision  
363.28 to read:

363.29 Subd. 6. **Persons convicted of certain crimes of violence.** An individual convicted  
363.30 of one of the following crimes is disqualified from receiving MFIP:

363.31 (1) murder in the first degree, as defined in section 609.185, or as defined under the  
363.32 laws of the jurisdiction in which the crime was committed;

364.1 (2) murder in the second degree as defined in section 609.19, or as defined under the  
364.2 laws of the jurisdiction in which the crime was committed; or

364.3 (3) criminal sexual conduct in the first degree, as defined in section 609.342, or as  
364.4 defined under the laws of the jurisdiction in which the crime was committed.

364.5 Sec. 24. Minnesota Statutes 2012, section 256J.35, is amended to read:  
364.6 **256J.35 AMOUNT OF ASSISTANCE PAYMENT.**

364.7 Except as provided in paragraphs (a) to (e) (d), the amount of an assistance payment  
364.8 is equal to the difference between the MFIP standard of need or the Minnesota family  
364.9 wage level in section 256J.24 and countable income.

364.10 (a) When MFIP eligibility exists for the month of application, the amount of the  
364.11 assistance payment for the month of application must be prorated from the date of  
364.12 application or the date all other eligibility factors are met for that applicant, whichever is  
364.13 later. This provision applies when an applicant loses at least one day of MFIP eligibility.

364.14 (b) MFIP overpayments to an assistance unit must be recouped according to section  
364.15 256J.38, subdivision 4.

364.16 (c) An initial assistance payment must not be made to an applicant who is not  
364.17 eligible on the date payment is made.

364.18 (d) MFIP assistance units whose housing costs exceed 50 percent of their monthly  
364.19 cash grant are eligible for an additional cash amount in the form of a housing assistance  
364.20 grant. The housing assistance grant must be equal to 50 percent of the difference between  
364.21 the assistance unit's cash grant and its housing costs, with a maximum housing assistance  
364.22 grant of \$250 per month. MFIP assistance units must report their housing costs to the lead  
364.23 agency on the forms and according to the timelines established by the commissioner.

364.24 **EFFECTIVE DATE.** This section is effective December 1, 2013.

131.23 Sec. 22. Minnesota Statutes 2012, section 256J.621, is amended to read:  
131.24 **256J.621 WORK PARTICIPATION CASH BENEFITS.**

131.25 Subdivision 1. Program characteristics. (a) Effective October 1, 2009, upon  
131.26 exiting the diversionary work program (DWP) or upon terminating the Minnesota family  
131.27 investment program with earnings, a participant who is employed may be eligible for work  
131.28 participation cash benefits of \$25 per month to assist in meeting the family's basic needs  
131.29 as the participant continues to move toward self-sufficiency.

131.30 (b) To be eligible for work participation cash benefits, the participant shall not  
131.31 receive MFIP or diversionary work program assistance during the month and the  
131.32 participant or participants must meet the following work requirements:

132.1 (1) if the participant is a single caregiver and has a child under six years of age, the  
132.2 participant must be employed at least 87 hours per month;

132.3 (2) if the participant is a single caregiver and does not have a child under six years of  
132.4 age, the participant must be employed at least 130 hours per month; or

132.5 (3) if the household is a two-parent family, at least one of the parents must be  
132.6 employed 130 hours per month.

132.7 Whenever a participant exits the diversionary work program or is terminated from  
132.8 MFIP and meets the other criteria in this section, work participation cash benefits are  
132.9 available for up to 24 consecutive months.

132.10 (c) Expenditures on the program are maintenance of effort state funds under  
132.11 a separate state program for participants under paragraph (b), clauses (1) and (2).  
132.12 Expenditures for participants under paragraph (b), clause (3), are nonmaintenance of effort  
132.13 funds. Months in which a participant receives work participation cash benefits under this  
132.14 section do not count toward the participant's MFIP 60-month time limit.

132.15 Subd. 2. **Program suspension.** (a) Effective December 1, 2013, the work  
132.16 participation cash benefits program shall be suspended.

132.17 (b) The commissioner of human services may reinstate the work participation cash  
132.18 benefits program if the United States Department of Human Services determines that the  
132.19 state of Minnesota did not meet the federal TANF work participation rate and sends a  
132.20 notice of penalty to reduce Minnesota's federal TANF block grant authorized under title I  
132.21 of Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation  
132.22 Act of 1996, and under Public Law 109-171, the Deficit Reduction Act of 2005.

132.23 (c) The commissioner shall notify the chairs and ranking minority members of the  
132.24 legislative committees with jurisdiction over human services policy and finance of the  
132.25 potential penalty and the commissioner's plans to reinstate the work participation cash  
132.26 benefit program within 30 days of the date the commissioner receives notification that  
132.27 the state failed to meet the federal work participation rate.

132.28 Sec. 23. Minnesota Statutes 2012, section 256J.626, subdivision 7, is amended to read:

132.29 Subd. 7. **Performance base funds.** (a) ~~For the purpose of this section, the following~~  
132.30 ~~terms have the meanings given:~~

132.31 (1) ~~"Caseload Reduction Credit" (CRC) means the measure of how much Minnesota~~  
132.32 ~~TANF and separate state program caseload has fallen relative to federal fiscal year 2005~~  
132.33 ~~based on caseload data from October 1 to September 30.~~

132.34 (2) ~~"TANF participation rate target" means a 50 percent participation rate reduced by~~  
132.35 ~~the CRC for the previous year.~~

133.1 (b) (a) ~~For calendar year 2010~~ 2016 and yearly thereafter, each county and tribe will  
133.2 must be allocated 95 percent of their initial calendar year allocation. Allocations for  
133.3 counties and tribes will must be allocated additional funds adjusted based on performance  
133.4 as follows:

133.5 ~~(1) a county or tribe that achieves the TANF participation rate target or a five~~  
133.6 ~~percentage point improvement over the previous year's TANF participation rate under~~  
133.7 ~~section 256J.751, subdivision 2, clause (7), as averaged across 12 consecutive months for~~  
133.8 ~~the most recent year for which the measurements are available, will receive an additional~~  
133.9 ~~allocation equal to 2.5 percent of its initial allocation;~~

133.10 ~~(2) (1) a county or tribe that performs within or above its range of expected~~  
133.11 ~~performance on the annualized three-year self-support index under section 256J.751,~~  
133.12 ~~subdivision 2, clause (6), will must receive an additional allocation equal to 2.5 five~~  
133.13 ~~percent of its initial allocation; and~~

133.14 ~~(3) a county or tribe that does not achieve the TANF participation rate target or~~  
133.15 ~~a five percentage point improvement over the previous year's TANF participation rate~~  
133.16 ~~under section 256J.751, subdivision 2, clause (7), as averaged across 12 consecutive~~  
133.17 ~~months for the most recent year for which the measurements are available, will not~~  
133.18 ~~receive an additional 2.5 percent of its initial allocation until after negotiating a multiyear~~  
133.19 ~~improvement plan with the commissioner; or~~

133.20 ~~(4) (2) a county or tribe that does not perform within or above performs below its~~  
133.21 ~~range of expected performance on the annualized three-year self-support index under~~  
133.22 ~~section 256J.751, subdivision 2, clause (6), will not receive an additional allocation equal~~  
133.23 ~~to 2.5 percent of its initial allocation until after negotiating for a single year, may receive~~  
133.24 ~~an additional allocation of up to five percent of its initial allocation. A county or tribe that~~  
133.25 ~~continues to perform below its range of expected performance for two consecutive years~~  
133.26 ~~must negotiate a multiyear improvement plan with the commissioner. If no improvement~~  
133.27 ~~is shown by the end of the multiyear plan, the commissioner may decrease the county's or~~  
133.28 ~~tribe's performance-based funds by up to five percent. The decrease must remain in effect~~  
133.29 ~~until the county or tribe performs within or above its range of expected performance.~~

133.30 ~~(e) (b) For calendar year 2009 2016 and yearly thereafter, performance-based funds~~  
133.31 ~~for a federally approved tribal TANF program in which the state and tribe have in place a~~  
133.32 ~~contract under section 256.01, addressing consolidated funding, will must be allocated~~  
133.33 ~~as follows:~~

133.34 ~~(1) a tribe that achieves the participation rate approved in its federal TANF plan~~  
133.35 ~~using the average of 12 consecutive months for the most recent year for which the~~  
134.1 ~~measurements are available, will receive an additional allocation equal to 2.5 percent of~~  
134.2 ~~its initial allocation; and~~

134.3 ~~(2) (1) a tribe that performs within or above its range of expected performance on the~~  
134.4 ~~annualized three-year self-support index under section 256J.751, subdivision 2, clause (6),~~  
134.5 ~~will must receive an additional allocation equal to 2.5 percent of its initial allocation; or~~

134.6 ~~(3) a tribe that does not achieve the participation rate approved in its federal TANF~~  
134.7 ~~plan using the average of 12 consecutive months for the most recent year for which the~~  
134.8 ~~measurements are available, will not receive an additional allocation equal to 2.5 percent~~  
134.9 ~~of its initial allocation until after negotiating a multiyear improvement plan with the~~  
134.10 ~~commissioner; or~~

134.11 ~~(4) (2) a tribe that does not perform within or above~~ performs below its range of  
134.12 expected performance on the annualized three-year self-support index under section  
134.13 256J.751, subdivision 2, clause (6), ~~will not receive an additional allocation equal to 2.5~~  
134.14 ~~percent until after negotiating~~ for a single year may receive an additional allocation of up  
134.15 to five percent of its initial allocation. A county or tribe that continues to perform below  
134.16 its range of expected performance for two consecutive years must negotiate a multiyear  
134.17 improvement plan with the commissioner. If no improvement is shown by the end of the  
134.18 multiyear plan, the commissioner may decrease the tribe's performance-based funds by  
134.19 up to five percent. The decrease must remain in effect until the tribe performs within or  
134.20 above its range of expected performance.

134.21 ~~(d) (c)~~ Funds remaining unallocated after the performance-based allocations in  
134.22 ~~paragraph paragraphs (a) and (b)~~ are available to the commissioner for innovation projects  
134.23 under subdivision 5.

134.24 ~~(1) (d)~~ If available funds are insufficient to meet county and tribal allocations under  
134.25 ~~paragraph paragraphs (a) and (b), the commissioner may make available for allocation~~  
134.26 ~~funds that are unobligated and available from the innovation projects through the end of~~  
134.27 ~~the current biennium shall proportionally prorate funds to counties and tribes that qualify~~  
134.28 ~~for an additional allocation under paragraphs (a), clause (1), and (b), clause (1).~~

134.29 ~~(2) If after the application of clause (1) funds remain insufficient to meet county and~~  
134.30 ~~tribal allocations under paragraph (b), the commissioner must proportionally reduce the~~  
134.31 ~~allocation of each county and tribe with respect to their maximum allocation available~~  
134.32 ~~under paragraph (b).~~

134.33 Sec. 24. **[256J.78] TANF DEMONSTRATION PROJECTS OR WAIVER FROM**  
134.34 **FEDERAL RULES AND REGULATIONS.**

135.1 Subdivision 1. **Duties of the commissioner.** The commissioner of human services  
135.2 may pursue TANF demonstration projects or waivers of TANF requirements from the  
135.3 United States Department of Health and Human Services as needed to allow the state to  
135.4 build a more results-oriented Minnesota Family Investment Program to better meet the  
135.5 needs of Minnesota families.

135.6 Subd. 2. **Purpose.** The purpose of the TANF demonstration projects or waivers is to:

135.7 (1) replace the federal TANF process measure and its complex administrative  
135.8 requirements with state-developed outcomes measures that track adult employment and  
135.9 exits from MFIP cash assistance;



135.10 (2) simplify programmatic and administrative requirements; and

135.11 (3) make other policy or programmatic changes that improve the performance of the

135.12 program and the outcomes for participants.

135.13 Subd. 3. **Report to legislature.** The commissioner shall report to the members of

135.14 the legislative committees having jurisdiction over human services issues by March 1,

135.15 2014, regarding the progress of this waiver or demonstration project.

135.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

135.17 Sec. 25. Minnesota Statutes 2012, section 256K.45, is amended to read:

135.18 ~~**256K.45 RUNAWAY AND HOMELESS YOUTH ACT.**~~

135.19 Subdivision 1. **Grant program established.** The commissioner of human services

135.20 shall establish a Homeless Youth Act fund and award grants to providers who are

135.21 committed to serving homeless youth and youth at risk of homelessness, to provide

135.22 street and community outreach and drop-in programs, emergency shelter programs,

135.23 and integrated supportive housing and transitional living programs, consistent with the

135.24 program descriptions in this act to reduce the incidence of homelessness among youth.

135.25 ~~Subdivision 1.~~ Subd. 1a. **Definitions.** (a) The definitions in this subdivision apply

135.26 to this section.

135.27 (b) "Commissioner" means the commissioner of human services.

135.28 (c) "Homeless youth" means a person 21 years of age or younger who is

135.29 unaccompanied by a parent or guardian and is without shelter where appropriate care and

135.30 supervision are available, whose parent or legal guardian is unable or unwilling to provide

135.31 shelter and care, or who lacks a fixed, regular, and adequate nighttime residence. The

135.32 following are not fixed, regular, or adequate nighttime residences:

135.33 (1) a supervised publicly or privately operated shelter designed to provide temporary

135.34 living accommodations;

136.1 (2) an institution or a publicly or privately operated shelter designed to provide

136.2 temporary living accommodations;

136.3 (3) transitional housing;

136.4 (4) a temporary placement with a peer, friend, or family member that has not offered

136.5 permanent residence, a residential lease, or temporary lodging for more than 30 days; or

136.6 (5) a public or private place not designed for, nor ordinarily used as, a regular

136.7 sleeping accommodation for human beings.

364.25 Sec. 25. Minnesota Statutes 2012, section 256K.45, is amended to read:

364.26 ~~**256K.45 RUNAWAY AND HOMELESS YOUTH ACT.**~~

364.27 Subdivision 1. **Mission.** The mission of the Homeless Youth Act is to reduce

364.28 the incidence of homelessness among youth by providing integrated and supportive

364.29 services and housing to homeless youth, youth at risk of homelessness, and runaways.

364.30 The commissioner shall establish a Homeless Youth Act fund and award grants to

364.31 providers who are committed to serving homeless youth, to provide street and community

364.32 outreach and drop-in programs, emergency shelter programs, and supportive housing and

364.33 transitional living programs, consistent with the program descriptions in this act.

365.1 Subd. 1a. **Definitions.** (a) The definitions in this subdivision apply to this section.

365.2 (b) "Commissioner" means the commissioner of human services.

365.3 (c) "Homeless youth" means a person 21 years of age or younger who is

365.4 unaccompanied by a parent or guardian and is without shelter where appropriate care and

365.5 supervision are available, whose parent or legal guardian is unable or unwilling to provide

365.6 shelter and care, or who lacks a fixed, regular, and adequate nighttime residence. The

365.7 following are not fixed, regular, or adequate nighttime residences:

365.8 (1) a supervised publicly or privately operated shelter designed to provide temporary

365.9 living accommodations;

365.10 (2) an institution or a publicly or privately operated shelter designed to provide

365.11 temporary living accommodations;

365.12 (3) transitional housing;

365.13 (4) a temporary placement with a peer, friend, or family member that has not offered

365.14 permanent residence, a residential lease, or temporary lodging for more than 30 days; or

365.15 (5) a public or private place not designed for, nor ordinarily used as, a regular

365.16 sleeping accommodation for human beings.

136.8 Homeless youth does not include persons incarcerated or otherwise detained under  
136.9 federal or state law.

136.10 (d) "Youth at risk of homelessness" means a person 21 years of age or younger  
136.11 whose status or circumstances indicate a significant danger of experiencing homelessness  
136.12 in the near future. Status or circumstances that indicate a significant danger may include:  
136.13 (1) youth exiting out-of-home placements; (2) youth who previously were homeless; (3)  
136.14 youth whose parents or primary caregivers are or were previously homeless; (4) youth  
136.15 who are exposed to abuse and neglect in their homes; (5) youth who experience conflict  
136.16 with parents due to chemical or alcohol dependency, mental health disabilities, or other  
136.17 disabilities; and (6) runaways.

136.18 (e) "Runaway" means an unmarried child under the age of 18 years who is absent  
136.19 from the home of a parent or guardian or other lawful placement without the consent of  
136.20 the parent, guardian, or lawful custodian.

136.21 Subd. 2. **Homeless and runaway youth report.** The commissioner shall develop a  
136.22 ~~report for homeless youth, youth at risk of homelessness, and runaways. The report shall~~  
136.23 ~~include coordination of services as defined under subdivisions 3 to 5~~ prepare a biennial  
136.24 report, beginning in February 2015, which provides meaningful information to the  
136.25 legislative committees having jurisdiction over the issue of homeless youth, that includes,  
136.26 but is not limited to: (1) a list of the areas of the state with the greatest need for services  
136.27 and housing for homeless youth, and the level and nature of the needs identified; (2) details  
136.28 about grants made; (3) the distribution of funds throughout the state based on population  
136.29 need; (4) follow-up information, if available, on the status of homeless youth and whether  
136.30 they have stable housing two years after services are provided; and (5) any other outcomes  
136.31 for populations served to determine the effectiveness of the programs and use of funding.

136.32 Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in  
136.33 centers must provide walk-in access to crisis intervention and ongoing supportive services  
136.34 including one-to-one case management services on a self-referral basis. Street and  
136.35 community outreach programs must locate, contact, and provide information, referrals,  
137.1 and services to homeless youth, youth at risk of homelessness, and runaways. Information,  
137.2 referrals, and services provided may include, but are not limited to:

137.3 (1) family reunification services;

137.4 (2) conflict resolution or mediation counseling;

137.5 (3) assistance in obtaining temporary emergency shelter;

137.6 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;

137.7 (5) counseling regarding violence, prostitution, substance abuse, sexually transmitted  
137.8 diseases, and pregnancy;

137.9 (6) referrals to other agencies that provide support services to homeless youth,  
137.10 youth at risk of homelessness, and runaways;

365.17 Homeless youth does not include persons incarcerated or otherwise detained under  
365.18 federal or state law.

365.19 (d) "Youth at risk of homelessness" means a person 21 years of age or younger  
365.20 whose status or circumstances indicate a significant danger of experiencing homelessness  
365.21 in the near future. Status or circumstances that indicate a significant danger may include:  
365.22 (1) youth exiting out-of-home placements; (2) youth who previously were homeless; (3)  
365.23 youth whose parents or primary caregivers are or were previously homeless; (4) youth  
365.24 who are exposed to abuse and neglect in their homes; (5) youth who experience conflict  
365.25 with parents due to chemical or alcohol dependency, mental health disabilities, or other  
365.26 disabilities; and (6) runaways.

365.27 (e) "Runaway" means an unmarried child under the age of 18 years who is absent  
365.28 from the home of a parent or guardian or other lawful placement without the consent of  
365.29 the parent, guardian, or lawful custodian.

365.30 Subd. 2. **Homeless and runaway youth report.** The commissioner shall develop a  
365.31 report for homeless youth, youth at risk of homelessness, and runaways. The report shall  
365.32 include coordination of services as defined under subdivisions 3 to 5.

365.33 Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in  
365.34 centers must provide walk-in access to crisis intervention and ongoing supportive services  
365.35 including one-to-one case management services on a self-referral basis. Street and  
365.36 community outreach programs must locate, contact, and provide information, referrals,  
366.1 and services to homeless youth, youth at risk of homelessness, and runaways. Information,  
366.2 referrals, and services provided may include, but are not limited to:

366.3 (1) family reunification services;

366.4 (2) conflict resolution or mediation counseling;

366.5 (3) assistance in obtaining temporary emergency shelter;

366.6 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;

366.7 (5) counseling regarding violence, ~~prostitution~~ sexual exploitation, substance abuse,  
366.8 sexually transmitted diseases, and pregnancy;

366.9 (6) referrals to other agencies that provide support services to homeless youth,  
366.10 youth at risk of homelessness, and runaways;

137.11 (7) assistance with education, employment, and independent living skills;  
137.12 (8) aftercare services;  
137.13 (9) specialized services for highly vulnerable runaways and homeless youth,  
137.14 including teen parents, emotionally disturbed and mentally ill youth, and sexually  
137.15 exploited youth; and  
137.16 (10) homelessness prevention.  
137.17 Subd. 4. **Emergency shelter program.** (a) Emergency shelter programs must  
137.18 provide homeless youth and runaways with referral and walk-in access to emergency,  
137.19 short-term residential care. The program shall provide homeless youth and runaways with  
137.20 safe, dignified shelter, including private shower facilities, beds, and at least one meal each  
137.21 day; and shall assist a runaway and homeless youth with reunification with the family or  
137.22 legal guardian when required or appropriate.  
137.23 (b) The services provided at emergency shelters may include, but are not limited to:  
137.24 (1) family reunification services;  
137.25 (2) individual, family, and group counseling;  
137.26 (3) assistance obtaining clothing;  
137.27 (4) access to medical and dental care and mental health counseling;  
137.28 (5) education and employment services;  
137.29 (6) recreational activities;  
137.30 (7) advocacy and referral services;  
137.31 (8) independent living skills training;  
137.32 (9) aftercare and follow-up services;  
137.33 (10) transportation; and  
137.34 (11) homelessness prevention.  
137.35 Subd. 5. **Supportive housing and transitional living programs.** Transitional  
137.36 living programs must help homeless youth and youth at risk of homelessness to find and  
138.1 maintain safe, dignified housing. The program may also provide rental assistance and  
138.2 related supportive services, or refer youth to other organizations or agencies that provide  
138.3 such services. Services provided may include, but are not limited to:  
138.4 (1) educational assessment and referrals to educational programs;  
138.5 (2) career planning, employment, work skill training, and independent living skills  
138.6 training;

366.11 (7) assistance with education, employment, and independent living skills;  
366.12 (8) aftercare services;  
366.13 (9) specialized services for highly vulnerable runaways and homeless youth,  
366.14 including teen parents, emotionally disturbed and mentally ill youth, and sexually  
366.15 exploited youth; and  
366.16 (10) homelessness prevention.  
366.17 Subd. 4. **Emergency shelter program.** (a) Emergency shelter programs must  
366.18 provide homeless youth and runaways with referral and walk-in access to emergency,  
366.19 short-term residential care. The program shall provide homeless youth and runaways with  
366.20 safe, dignified shelter, including private shower facilities, beds, and at least one meal each  
366.21 day; and shall assist a runaway and homeless youth with reunification with the family or  
366.22 legal guardian when required or appropriate.  
366.23 (b) The services provided at emergency shelters may include, but are not limited to:  
366.24 (1) family reunification services;  
366.25 (2) individual, family, and group counseling;  
366.26 (3) assistance obtaining clothing;  
366.27 (4) access to medical and dental care and mental health counseling;  
366.28 (5) education and employment services;  
366.29 (6) recreational activities;  
366.30 (7) advocacy and referral services;  
366.31 (8) independent living skills training;  
366.32 (9) aftercare and follow-up services;  
366.33 (10) transportation; and  
366.34 (11) homelessness prevention.  
366.35 Subd. 5. **Supportive housing and transitional living programs.** Transitional  
366.36 living programs must help homeless youth and youth at risk of homelessness to find and  
367.1 maintain safe, dignified housing. The program may also provide rental assistance and  
367.2 related supportive services, or refer youth to other organizations or agencies that provide  
367.3 such services. Services provided may include, but are not limited to:  
367.4 (1) educational assessment and referrals to educational programs;  
367.5 (2) career planning, employment, work skill training, and independent living skills  
367.6 training;

138.7 (3) job placement;

138.8 (4) budgeting and money management;

138.9 (5) assistance in securing housing appropriate to needs and income;

138.10 (6) counseling regarding violence, prostitution, substance abuse, sexually transmitted

138.11 diseases, and pregnancy;

138.12 (7) referral for medical services or chemical dependency treatment;

138.13 (8) parenting skills;

138.14 (9) self-sufficiency support services or life skill training;

138.15 (10) aftercare and follow-up services; and

138.16 (11) homelessness prevention.

138.17 Subd. 6. **Funding.** ~~Any~~ Funds appropriated for this section may be expended on

138.18 programs described under subdivisions 3 to 5, technical assistance, and capacity building.

138.19 ~~Up to four percent of funds appropriated may be used for the purpose of monitoring and~~

138.20 ~~evaluating runaway and homeless youth programs receiving funding under this section.~~

138.21 ~~Funding shall be directed to meet the greatest need, with a significant share of the funding~~

138.22 ~~focused on homeless youth providers in greater Minnesota to meet the greatest need~~

138.23 ~~on a statewide basis.~~

138.24 Sec. 26. Minnesota Statutes 2012, section 256M.40, subdivision 1, is amended to read:

138.25 Subdivision 1. **Formula.** The commissioner shall allocate state funds appropriated

138.26 under this chapter to each county board on a calendar year basis in an amount determined

138.27 according to the formula in paragraphs (a) to (e).

138.28 (a) For calendar years 2011 and 2012, the commissioner shall allocate available

138.29 funds to each county in proportion to that county's share in calendar year 2010.

138.30 (b) For calendar year 2013 and each calendar year thereafter, the commissioner shall

138.31 allocate available funds to each county as follows:

138.32 (1) 75 percent must be distributed on the basis of the county share in calendar year

138.33 2012;

138.34 (2) five percent must be distributed on the basis of the number of persons residing in

138.35 the county as determined by the most recent data of the state demographer;

139.1 (3) ten percent must be distributed on the basis of the number of vulnerable children

139.2 that are subjects of reports under chapter 260C and sections 626.556 and 626.5561, and in

139.3 the county as determined by the most recent data of the commissioner; and

367.7 (3) job placement;

367.8 (4) budgeting and money management;

367.9 (5) assistance in securing housing appropriate to needs and income;

367.10 (6) counseling regarding violence, ~~prostitution~~ sexual exploitation, substance abuse,

367.11 sexually transmitted diseases, and pregnancy;

367.12 (7) referral for medical services or chemical dependency treatment;

367.13 (8) parenting skills;

367.14 (9) self-sufficiency support services or life skill training;

367.15 (10) aftercare and follow-up services; and

367.16 (11) homelessness prevention.

367.17 Subd. 6. **Funding.** ~~Any~~ Funds appropriated for this section may be expended on

367.18 programs described under subdivisions 3 to 5, technical assistance, and capacity building.

367.19 ~~Up to four percent of funds appropriated may be used for the purpose of monitoring and~~

367.20 ~~evaluating runaway and homeless youth programs receiving funding under this section.~~

367.21 ~~Funding shall be directed to meet the greatest need, with a significant share of the funding~~

367.22 ~~focused on homeless youth providers in greater Minnesota to meet the greatest need on~~

367.23 ~~a statewide basis. Programs funded under this section must submit demographic and~~

367.24 ~~outcome information to the commissioner. The commissioner must submit a report~~

367.25 ~~regarding program demographic and outcome information to the legislature upon request.~~

139.4 (4) ten percent must be distributed on the basis of the number of vulnerable adults  
139.5 that are subjects of reports under section 626.557 in the county as determined by the most  
139.6 recent data of the commissioner.

139.7 (c) For calendar year 2014, the commissioner shall allocate available funds to each  
139.8 county as follows:

139.9 (1) 50 percent must be distributed on the basis of the county share in calendar year  
139.10 2012;

139.11 (2) Ten percent must be distributed on the basis of the number of persons residing in  
139.12 the county as determined by the most recent data of the state demographer;

139.13 (3) 20 percent must be distributed on the basis of the number of vulnerable children  
139.14 that are subjects of reports under chapter 260C and sections 626.556 and 626.5561, in the  
139.15 county as determined by the most recent data of the commissioner; and

139.16 (4) 20 percent must be distributed on the basis of the number of vulnerable adults  
139.17 that are subjects of reports under section 626.557 in the county as determined by the  
139.18 most recent data of the commissioner. The commissioner is precluded from changing the  
139.19 formula under this subdivision or recommending a change to the legislature without  
139.20 public review and input.

139.21 (d) For calendar year 2015, the commissioner shall allocate available funds to each  
139.22 county as follows:

139.23 (1) 25 percent must be distributed on the basis of the county share in calendar year  
139.24 2012;

139.25 (2) 15 percent must be distributed on the basis of the number of persons residing in  
139.26 the county as determined by the most recent data of the state demographer;

139.27 (3) 30 percent must be distributed on the basis of the number of vulnerable children  
139.28 that are subjects of reports under chapter 260C and sections 626.556 and 626.5561, in the  
139.29 county as determined by the most recent data of the commissioner; and

139.30 (4) 30 percent must be distributed on the basis of the number of vulnerable adults  
139.31 that are subjects of reports under section 626.557 in the county as determined by the most  
139.32 recent data of the commissioner.

139.33 (e) For calendar year 2016 and each calendar year thereafter, the commissioner shall  
139.34 allocate available funds to each county as follows:

139.35 (1) 20 percent must be distributed on the basis of the number of persons residing in  
139.36 the county as determined by the most recent data of the state demographer;

140.1 (2) 40 percent must be distributed on the basis of the number of vulnerable children  
140.2 that are subjects of reports under chapter 260C and sections 626.556 and 626.5561, in the  
140.3 county as determined by the most recent data of the commissioner; and

140.4 ~~(3) 40 percent must be distributed on the basis of the number of vulnerable adults~~  
140.5 ~~that are subjects of reports under section 626.557 in the county as determined by the most~~  
140.6 ~~recent data of the commissioner.~~

367.26 Sec. 26. Minnesota Statutes 2012, section 257.0755, subdivision 1, is amended to read:

367.27 Subdivision 1. **Creation.** ~~One~~ Each ombudsperson shall operate independently from  
367.28 but in collaboration with ~~each of the following groups~~ the community-specific board that  
367.29 appointed the ombudsperson under section 257.0768: the Indian Affairs Council, the  
367.30 Council on Affairs of Chicano/Latino people, the Council on Black Minnesotans, and  
367.31 the Council on Asian-Pacific Minnesotans.

140.7 Sec. 27. Minnesota Statutes 2012, section 257.85, subdivision 11, is amended to read:

140.8 Subd. 11. **Financial considerations.** (a) ~~Payment of relative custody assistance~~  
140.9 ~~under a relative custody assistance agreement is subject to the availability of state funds~~  
140.10 ~~and payments may be reduced or suspended on order of the commissioner if insufficient~~  
140.11 ~~funds are available~~ Beginning July 1, 2013, relative custody assistance shall be a forecasted  
140.12 program, and the commissioner, with the approval of the commissioner of management  
140.13 and budget, may transfer unencumbered appropriation balances within fiscal years of  
140.14 each biennium to other forecasted programs of the Department of Human Services. The  
140.15 commissioner shall inform the chairs and ranking minority members of the senate Health  
140.16 and Human Services Finance Division and the house of representatives Health and Human  
140.17 Services Finance Committee quarterly about transfers made under this provision.

140.18 (b) Upon receipt from a local agency of a claim for reimbursement, the commissioner  
140.19 shall reimburse the local agency in an amount equal to 100 percent of the relative custody  
140.20 assistance payments provided to relative custodians. The local agency may not seek and  
140.21 the commissioner shall not provide reimbursement for the administrative costs associated  
140.22 with performing the duties described in subdivision 4.

140.23 (c) For the purposes of determining eligibility or payment amounts under MFIP,  
140.24 relative custody assistance payments shall be excluded in determining the family's  
140.25 available income.

140.26 Sec. 28. Minnesota Statutes 2012, section 259A.05, subdivision 5, is amended to read:

140.27 Subd. 5. **Transfer of funds.** ~~The commissioner of human services may transfer~~  
140.28 ~~funds into the adoption assistance account when a deficit in the adoption assistance~~  
140.29 ~~program occurs~~ Beginning July 1, 2013, adoption assistance shall be a forecasted program  
140.30 and the commissioner, with the approval of the commissioner of management and budget,  
140.31 may transfer unencumbered appropriation balances within fiscal years of each biennium to  
140.32 other forecasted programs of the Department of Human Services. The commissioner shall  
140.33 inform the chairs and ranking minority members of the senate Health and Human Services  
141.1 Finance Division and the house of representatives Health and Human Services Finance  
141.2 Committee quarterly about transfers made under this provision.

141.3 Sec. 29. Minnesota Statutes 2012, section 259A.20, subdivision 4, is amended to read:

141.4 Subd. 4. **Reimbursement for special nonmedical expenses.** (a) Reimbursement  
141.5 for special nonmedical expenses is available to children, except those eligible for adoption  
141.6 assistance based on being an at-risk child.

141.7 (b) Reimbursements under this paragraph shall be made only after the adoptive  
141.8 parent documents that the requested service was denied by the local social service agency,  
141.9 community agencies, the local school district, the local public health department, the  
141.10 parent's insurance provider, or the child's program. The denial must be for an eligible  
141.11 service or qualified item under the program requirements of the applicable agency or  
141.12 organization.

141.13 (c) Reimbursements must be previously authorized, adhere to the requirements and  
141.14 procedures prescribed by the commissioner, and be limited to:

141.15 (1) child care for a child age 12 and younger, or for a child age 13 or 14 who has a  
141.16 documented disability that requires special instruction for and services by the child care  
141.17 provider. Child care reimbursements may be made if all available adult caregivers are  
141.18 employed, unemployed due to a disability as defined in section 259A.01, subdivision 14,  
141.19 or attending educational or vocational training programs. Documentation from a qualified  
141.20 expert that is dated within the last 12 months must be provided to verify the disability. If a  
141.21 parent is attending an educational or vocational training program, child care reimbursement  
141.22 is limited to no more than the time necessary to complete the credit requirements for an  
141.23 associate or baccalaureate degree as determined by the educational institution. Child  
141.24 care reimbursement is not limited for an adoptive parent completing basic or remedial  
141.25 education programs needed to prepare for postsecondary education or employment;

141.26 (2) respite care provided for the relief of the child's parent up to 504 hours of respite  
141.27 care annually;

141.28 (3) camping up to 14 days per state fiscal year for a child to attend a special needs  
141.29 camp. The camp must be accredited by the American Camp Association as a special needs  
141.30 camp in order to be eligible for camp reimbursement;

141.31 (4) postadoption counseling to promote the child's integration into the adoptive  
141.32 family that is provided by the placing agency during the first year following the date of the  
141.33 adoption decree. Reimbursement is limited to 12 sessions of postadoption counseling;

141.34 (5) family counseling that is required to meet the child's special needs.  
141.35 Reimbursement is limited to the prorated portion of the counseling fees allotted to the  
142.1 family when the adoptive parent's health insurance or Medicaid pays for the child's  
142.2 counseling but does not cover counseling for the rest of the family members;

142.3 (6) home modifications to accommodate the child's special needs upon which  
142.4 eligibility for adoption assistance was approved. Reimbursement is limited to once every  
142.5 five years per child;

142.6 (7) vehicle modifications to accommodate the child's special needs upon which  
142.7 eligibility for adoption assistance was approved. Reimbursement is limited to once every  
142.8 five years per family; and

142.9 (8) burial expenses up to \$1,000, if the special needs, upon which eligibility for  
142.10 adoption assistance was approved, resulted in the death of the child.

142.11 (d) The adoptive parent shall submit statements for expenses incurred between July  
142.12 1 and June 30 of a given fiscal year to the state adoption assistance unit within 60 days  
142.13 after the end of the fiscal year in order for reimbursement to occur.

142.14 Sec. 30. Minnesota Statutes 2012, section 260B.007, subdivision 6, is amended to read:

142.15 Subd. 6. **Delinquent child.** (a) Except as otherwise provided in paragraphs (b)  
142.16 and (c), "delinquent child" means a child:

142.17 (1) who has violated any state or local law, except as provided in section 260B.225,  
142.18 subdivision 1, and except for juvenile offenders as described in subdivisions 16 to 18;

142.19 (2) who has violated a federal law or a law of another state and whose case has been  
142.20 referred to the juvenile court if the violation would be an act of delinquency if committed  
142.21 in this state or a crime or offense if committed by an adult;

142.22 (3) who has escaped from confinement to a state juvenile correctional facility after  
142.23 being committed to the custody of the commissioner of corrections; or

142.24 (4) who has escaped from confinement to a local juvenile correctional facility after  
142.25 being committed to the facility by the court.

142.26 (b) The term delinquent child does not include a child alleged to have committed  
142.27 murder in the first degree after becoming 16 years of age, but the term delinquent child  
142.28 does include a child alleged to have committed attempted murder in the first degree.

367.32 Sec. 27. Minnesota Statutes 2012, section 260B.007, subdivision 6, is amended to read:

367.33 Subd. 6. **Delinquent child.** (a) Except as otherwise provided in paragraphs (b)  
367.34 and (c), "delinquent child" means a child:

368.1 (1) who has violated any state or local law, except as provided in section 260B.225,  
368.2 subdivision 1, and except for juvenile offenders as described in subdivisions 16 to 18;

368.3 (2) who has violated a federal law or a law of another state and whose case has been  
368.4 referred to the juvenile court if the violation would be an act of delinquency if committed  
368.5 in this state or a crime or offense if committed by an adult;

368.6 (3) who has escaped from confinement to a state juvenile correctional facility after  
368.7 being committed to the custody of the commissioner of corrections; or

368.8 (4) who has escaped from confinement to a local juvenile correctional facility after  
368.9 being committed to the facility by the court.

368.10 (b) The term delinquent child does not include a child alleged to have committed  
368.11 murder in the first degree after becoming 16 years of age, but the term delinquent child  
368.12 does include a child alleged to have committed attempted murder in the first degree.



142.29 (c) The term delinquent child does not include a child ~~under the age of 16 years~~  
 142.30 alleged to have engaged in conduct which would, if committed by an adult, violate any  
 142.31 federal, state, or local law relating to being hired, offering to be hired, or agreeing to be  
 142.32 hired by another individual to engage in sexual penetration or sexual conduct.

142.33 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to  
 142.34 offenses committed on or after that date.

143.1 Sec. 31. Minnesota Statutes 2012, section 260B.007, subdivision 16, is amended to read:

143.2 Subd. 16. **Juvenile petty offender; juvenile petty offense.** (a) "Juvenile petty  
 143.3 offense" includes a juvenile alcohol offense, a juvenile controlled substance offense,  
 143.4 a violation of section 609.685, or a violation of a local ordinance, which by its terms  
 143.5 prohibits conduct by a child under the age of 18 years which would be lawful conduct if  
 143.6 committed by an adult.

143.7 (b) Except as otherwise provided in paragraph (c), "juvenile petty offense" also  
 143.8 includes an offense that would be a misdemeanor if committed by an adult.

143.9 (c) "Juvenile petty offense" does not include any of the following:

143.10 (1) a misdemeanor-level violation of section 518B.01, 588.20, 609.224, 609.2242,  
 143.11 609.324, subdivision 2 or 3, 609.5632, 609.576, 609.66, 609.746, 609.748, 609.79,  
 143.12 or 617.23;

143.13 (2) a major traffic offense or an adult court traffic offense, as described in section  
 143.14 260B.225;

143.15 (3) a misdemeanor-level offense committed by a child whom the juvenile court  
 143.16 previously has found to have committed a misdemeanor, gross misdemeanor, or felony  
 143.17 offense; or

143.18 (4) a misdemeanor-level offense committed by a child whom the juvenile court  
 143.19 has found to have committed a misdemeanor-level juvenile petty offense on two or  
 143.20 more prior occasions, unless the county attorney designates the child on the petition  
 143.21 as a juvenile petty offender notwithstanding this prior record. As used in this clause,  
 143.22 "misdemeanor-level juvenile petty offense" includes a misdemeanor-level offense that  
 143.23 would have been a juvenile petty offense if it had been committed on or after July 1, 1995.

143.24 (d) A child who commits a juvenile petty offense is a "juvenile petty offender." The  
 143.25 term juvenile petty offender does not include a child ~~under the age of 16 years~~ alleged  
 143.26 to have violated any law relating to being hired, offering to be hired, or agreeing to be  
 143.27 hired by another individual to engage in sexual penetration or sexual conduct which, if  
 143.28 committed by an adult, would be a misdemeanor.

368.13 (c) The term delinquent child does not include a child ~~under the age of 16 years~~  
 368.14 alleged to have engaged in conduct which would, if committed by an adult, violate any  
 368.15 federal, state, or local law relating to being hired, offering to be hired, or agreeing to be  
 368.16 hired by another individual to engage in sexual penetration or sexual conduct.

368.17 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to  
 368.18 offenses committed on or after that date.

368.19 Sec. 28. Minnesota Statutes 2012, section 260B.007, subdivision 16, is amended to read:

368.20 Subd. 16. **Juvenile petty offender; juvenile petty offense.** (a) "Juvenile petty  
 368.21 offense" includes a juvenile alcohol offense, a juvenile controlled substance offense,  
 368.22 a violation of section 609.685, or a violation of a local ordinance, which by its terms  
 368.23 prohibits conduct by a child under the age of 18 years which would be lawful conduct if  
 368.24 committed by an adult.

368.25 (b) Except as otherwise provided in paragraph (c), "juvenile petty offense" also  
 368.26 includes an offense that would be a misdemeanor if committed by an adult.

368.27 (c) "Juvenile petty offense" does not include any of the following:

368.28 (1) a misdemeanor-level violation of section 518B.01, 588.20, 609.224, 609.2242,  
 368.29 609.324, subdivision 2 or 3, 609.5632, 609.576, 609.66, 609.746, 609.748, 609.79,  
 368.30 or 617.23;

368.31 (2) a major traffic offense or an adult court traffic offense, as described in section  
 368.32 260B.225;

368.33 (3) a misdemeanor-level offense committed by a child whom the juvenile court  
 368.34 previously has found to have committed a misdemeanor, gross misdemeanor, or felony  
 368.35 offense; or

369.1 (4) a misdemeanor-level offense committed by a child whom the juvenile court  
 369.2 has found to have committed a misdemeanor-level juvenile petty offense on two or  
 369.3 more prior occasions, unless the county attorney designates the child on the petition  
 369.4 as a juvenile petty offender notwithstanding this prior record. As used in this clause,  
 369.5 "misdemeanor-level juvenile petty offense" includes a misdemeanor-level offense that  
 369.6 would have been a juvenile petty offense if it had been committed on or after July 1, 1995.

369.7 (d) A child who commits a juvenile petty offense is a "juvenile petty offender." The  
 369.8 term juvenile petty offender does not include a child ~~under the age of 16 years~~ alleged  
 369.9 to have violated any law relating to being hired, offering to be hired, or agreeing to be  
 369.10 hired by another individual to engage in sexual penetration or sexual conduct which, if  
 369.11 committed by an adult, would be a misdemeanor.

143.29 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to  
 143.30 offenses committed on or after that date.

143.31 Sec. 32. Minnesota Statutes 2012, section 260C.007, subdivision 6, is amended to read:

143.32 Subd. 6. **Child in need of protection or services.** "Child in need of protection or  
 143.33 services" means a child who is in need of protection or services because the child:

143.34 (1) is abandoned or without parent, guardian, or custodian;

144.1 (2)(i) has been a victim of physical or sexual abuse as defined in section 626.556,  
 144.2 subdivision 2, (ii) resides with or has resided with a victim of child abuse as defined in  
 144.3 subdivision 5 or domestic child abuse as defined in subdivision 13, (iii) resides with or  
 144.4 would reside with a perpetrator of domestic child abuse as defined in subdivision 13 or  
 144.5 child abuse as defined in subdivision 5 or 13, or (iv) is a victim of emotional maltreatment  
 144.6 as defined in subdivision 15;

144.7 (3) is without necessary food, clothing, shelter, education, or other required care  
 144.8 for the child's physical or mental health or morals because the child's parent, guardian,  
 144.9 or custodian is unable or unwilling to provide that care;

144.10 (4) is without the special care made necessary by a physical, mental, or emotional  
 144.11 condition because the child's parent, guardian, or custodian is unable or unwilling to  
 144.12 provide that care;

144.13 (5) is medically neglected, which includes, but is not limited to, the withholding of  
 144.14 medically indicated treatment from a disabled infant with a life-threatening condition. The  
 144.15 term "withholding of medically indicated treatment" means the failure to respond to the  
 144.16 infant's life-threatening conditions by providing treatment, including appropriate nutrition,  
 144.17 hydration, and medication which, in the treating physician's or physicians' reasonable  
 144.18 medical judgment, will be most likely to be effective in ameliorating or correcting all  
 144.19 conditions, except that the term does not include the failure to provide treatment other  
 144.20 than appropriate nutrition, hydration, or medication to an infant when, in the treating  
 144.21 physician's or physicians' reasonable medical judgment:

144.22 (i) the infant is chronically and irreversibly comatose;

144.23 (ii) the provision of the treatment would merely prolong dying, not be effective in  
 144.24 ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be  
 144.25 futile in terms of the survival of the infant; or

144.26 (iii) the provision of the treatment would be virtually futile in terms of the survival  
 144.27 of the infant and the treatment itself under the circumstances would be inhumane;

369.12 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to  
 369.13 offenses committed on or after that date.

369.14 Sec. 29. Minnesota Statutes 2012, section 260C.007, subdivision 6, is amended to read:

369.15 Subd. 6. **Child in need of protection or services.** "Child in need of protection or  
 369.16 services" means a child who is in need of protection or services because the child:

369.17 (1) is abandoned or without parent, guardian, or custodian;

369.18 (2)(i) has been a victim of physical or sexual abuse as defined in section 626.556,  
 369.19 subdivision 2, (ii) resides with or has resided with a victim of child abuse as defined in  
 369.20 subdivision 5 or domestic child abuse as defined in subdivision 13, (iii) resides with or  
 369.21 would reside with a perpetrator of domestic child abuse as defined in subdivision 13 or  
 369.22 child abuse as defined in subdivision 5 or 13, or (iv) is a victim of emotional maltreatment  
 369.23 as defined in subdivision 15;

369.24 (3) is without necessary food, clothing, shelter, education, or other required care  
 369.25 for the child's physical or mental health or morals because the child's parent, guardian,  
 369.26 or custodian is unable or unwilling to provide that care;

369.27 (4) is without the special care made necessary by a physical, mental, or emotional  
 369.28 condition because the child's parent, guardian, or custodian is unable or unwilling to  
 369.29 provide that care;

369.30 (5) is medically neglected, which includes, but is not limited to, the withholding of  
 369.31 medically indicated treatment from a disabled infant with a life-threatening condition. The  
 369.32 term "withholding of medically indicated treatment" means the failure to respond to the  
 369.33 infant's life-threatening conditions by providing treatment, including appropriate nutrition,  
 369.34 hydration, and medication which, in the treating physician's or physicians' reasonable  
 369.35 medical judgment, will be most likely to be effective in ameliorating or correcting all  
 370.1 conditions, except that the term does not include the failure to provide treatment other  
 370.2 than appropriate nutrition, hydration, or medication to an infant when, in the treating  
 370.3 physician's or physicians' reasonable medical judgment:

370.4 (i) the infant is chronically and irreversibly comatose;

370.5 (ii) the provision of the treatment would merely prolong dying, not be effective in  
 370.6 ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be  
 370.7 futile in terms of the survival of the infant; or

370.8 (iii) the provision of the treatment would be virtually futile in terms of the survival  
 370.9 of the infant and the treatment itself under the circumstances would be inhumane;

144.28 (6) is one whose parent, guardian, or other custodian for good cause desires to be  
144.29 relieved of the child's care and custody, including a child who entered foster care under a  
144.30 voluntary placement agreement between the parent and the responsible social services  
144.31 agency under section 260C.227;

144.32 (7) has been placed for adoption or care in violation of law;

144.33 (8) is without proper parental care because of the emotional, mental, or physical  
144.34 disability, or state of immaturity of the child's parent, guardian, or other custodian;

145.1 (9) is one whose behavior, condition, or environment is such as to be injurious or  
145.2 dangerous to the child or others. An injurious or dangerous environment may include, but  
145.3 is not limited to, the exposure of a child to criminal activity in the child's home;

145.4 (10) is experiencing growth delays, which may be referred to as failure to thrive, that  
145.5 have been diagnosed by a physician and are due to parental neglect;

145.6 (11) ~~has engaged in prostitution as defined in section 609.321, subdivision 9~~ is a  
145.7 sexually exploited youth;

145.8 (12) has committed a delinquent act or a juvenile petty offense before becoming  
145.9 ten years old;

145.10 (13) is a runaway;

145.11 (14) is a habitual truant;

145.12 (15) has been found incompetent to proceed or has been found not guilty by reason  
145.13 of mental illness or mental deficiency in connection with a delinquency proceeding, a  
145.14 certification under section 260B.125, an extended jurisdiction juvenile prosecution, or a  
145.15 proceeding involving a juvenile petty offense; or

145.16 (16) has a parent whose parental rights to one or more other children were  
145.17 involuntarily terminated or whose custodial rights to another child have been involuntarily  
145.18 transferred to a relative and there is a case plan prepared by the responsible social services  
145.19 agency documenting a compelling reason why filing the termination of parental rights  
145.20 petition under section 260C.301, subdivision 3, is not in the best interests of the child; ~~or~~ or

145.21 ~~(17) is a sexually exploited youth.~~

145.22 **EFFECTIVE DATE.** This section is effective August 1, 2014.

145.23 Sec. 33. Minnesota Statutes 2012, section 260C.007, subdivision 31, is amended to read:

145.24 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an  
145.25 individual who:

370.10 (6) is one whose parent, guardian, or other custodian for good cause desires to be  
370.11 relieved of the child's care and custody, including a child who entered foster care under a  
370.12 voluntary placement agreement between the parent and the responsible social services  
370.13 agency under section 260C.227;

370.14 (7) has been placed for adoption or care in violation of law;

370.15 (8) is without proper parental care because of the emotional, mental, or physical  
370.16 disability, or state of immaturity of the child's parent, guardian, or other custodian;

370.17 (9) is one whose behavior, condition, or environment is such as to be injurious or  
370.18 dangerous to the child or others. An injurious or dangerous environment may include, but  
370.19 is not limited to, the exposure of a child to criminal activity in the child's home;

370.20 (10) is experiencing growth delays, which may be referred to as failure to thrive, that  
370.21 have been diagnosed by a physician and are due to parental neglect;

370.22 (11) ~~has engaged in prostitution as defined in section 609.321, subdivision 9~~ is a  
370.23 sexually exploited youth;

370.24 (12) has committed a delinquent act or a juvenile petty offense before becoming  
370.25 ten years old;

370.26 (13) is a runaway;

370.27 (14) is a habitual truant;

370.28 (15) has been found incompetent to proceed or has been found not guilty by reason  
370.29 of mental illness or mental deficiency in connection with a delinquency proceeding, a  
370.30 certification under section 260B.125, an extended jurisdiction juvenile prosecution, or a  
370.31 proceeding involving a juvenile petty offense; or

370.32 (16) has a parent whose parental rights to one or more other children were  
370.33 involuntarily terminated or whose custodial rights to another child have been involuntarily  
370.34 transferred to a relative and there is a case plan prepared by the responsible social services  
370.35 agency documenting a compelling reason why filing the termination of parental rights  
370.36 petition under section 260C.301, subdivision 3, is not in the best interests of the child; ~~or~~ or

371.1 ~~(17) is a sexually exploited youth.~~

371.2 **EFFECTIVE DATE.** This section is effective August 1, 2014.

371.3 Sec. 30. Minnesota Statutes 2012, section 260C.007, subdivision 31, is amended to read:

371.4 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an  
371.5 individual who:

145.26 (1) is alleged to have engaged in conduct which would, if committed by an adult,  
145.27 violate any federal, state, or local law relating to being hired, offering to be hired, or  
145.28 agreeing to be hired by another individual to engage in sexual penetration or sexual  
conduct;

145.29 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,  
145.30 609.3451, 609.3453, 609.352, 617.246, or 617.247;

145.31 (3) is a victim of a crime described in United States Code, title 18, section 2260;  
145.32 2421; 2422; 2423; 2425; 2425A; or 2256; or

145.33 (4) is a sex trafficking victim as defined in section 609.321, subdivision 7b.

145.34 **EFFECTIVE DATE.** This section is effective the day following final enactment.

146.1 Sec. 34. Minnesota Statutes 2012, section 518A.60, is amended to read:

146.2 **518A.60 COLLECTION; ARREARS ONLY.**

146.3 (a) Remedies available for the collection and enforcement of support in this chapter  
146.4 and chapters 256, 257, 518, and 518C also apply to cases in which the child or children  
146.5 for whom support is owed are emancipated and the obligor owes past support or has an  
146.6 accumulated arrearage as of the date of the youngest child's emancipation. Child support  
146.7 arrearages under this section include arrearages for child support, medical support, child  
146.8 care, pregnancy and birth expenses, and unreimbursed medical expenses as defined in  
146.9 section 518A.41, subdivision 1, paragraph (h).

146.10 (b) This section applies retroactively to any support arrearage that accrued on or  
146.11 before June 3, 1997, and to all arrearages accruing after June 3, 1997.

146.12 (c) Past support or pregnancy and confinement expenses ordered for which the  
146.13 obligor has specific court ordered terms for repayment may not be enforced using  
146.14 drivers' and occupational or professional license suspension, credit bureau reporting, and  
146.15 additional income withholding under section 518A.53, subdivision 10, paragraph (a),  
146.16 unless the obligor fails to comply with the terms of the court order for repayment.

146.17 (d) If an arrearage exists at the time a support order would otherwise terminate  
146.18 and section 518A.53, subdivision 10, paragraph (c), does not apply to this section, the  
146.19 arrearage shall be repaid in an amount equal to the current support order until all arrears  
146.20 have been paid in full, absent a court order to the contrary.

371.6 (1) is alleged to have engaged in conduct which would, if committed by an adult,  
371.7 violate any federal, state, or local law relating to being hired, offering to be hired, or  
371.8 agreeing to be hired by another individual to engage in sexual penetration or sexual conduct;

371.9 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,  
371.10 609.3451, 609.3453, 609.352, 617.246, or 617.247;

371.11 (3) is a victim of a crime described in United States Code, title 18, section 2260;  
371.12 2421; 2422; 2423; 2425; 2425A; or 2256; or

371.13 (4) is a sex trafficking victim as defined in section 609.321, subdivision 7b.

371.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.

**SEE H.F. 1470, 1ST ENG, WHICH PASSED HOUSE FLOOR APRIL 29, 2013**

146.21 (e) If an arrearage exists according to a support order which fails to establish a  
146.22 monthly support obligation in a specific dollar amount, the public authority, if it provides  
146.23 child support services, or the obligee, may establish a payment agreement which shall  
146.24 equal what the obligor would pay for current support after application of section 518A.34,  
146.25 plus an additional 20 percent of the current support obligation, until all arrears have been  
146.26 paid in full. If the obligor fails to enter into or comply with a payment agreement, the  
146.27 public authority, if it provides child support services, or the obligee, may move the district  
146.28 court or child support magistrate, if section 484.702 applies, for an order establishing  
146.29 repayment terms.

146.30 (f) If there is no longer a current support order because all of the children of the  
146.31 order are emancipated, the public authority may discontinue child support services and  
146.32 close its case under title IV-D of the Social Security Act if:

146.33 (1) the arrearage is under \$500; or

146.34 (2) the arrearage is considered unenforceable by the public authority because there  
146.35 have been no collections for three years, and all administrative and legal remedies have  
146.36 been attempted or are determined by the public authority to be ineffective because the  
147.1 obligor is unable to pay, the obligor has no known income or assets, and there is no  
147.2 reasonable prospect that the obligor will be able to pay in the foreseeable future.

147.3 (g) At least 60 calendar days before the discontinuation of services under paragraph  
147.4 (f), the public authority must mail a written notice to the obligee and obligor at the  
147.5 obligee's and obligor's last known addresses that the public authority intends to close the  
147.6 child support enforcement case and explaining each party's rights. Seven calendar days  
147.7 after the first notice is mailed, the public authority must mail a second notice under this  
147.8 paragraph to the obligee.

147.9 (h) The case must be kept open if the obligee responds before case closure and  
147.10 provides information that could reasonably lead to collection of arrears. If the case is  
147.11 closed, the obligee may later request that the case be reopened by completing a new  
147.12 application for services, if there is a change in circumstances that could reasonably lead to  
147.13 the collection of arrears.

147.14 Sec. 35. Laws 1998, chapter 407, article 6, section 116, is amended to read:

147.15 Sec. 116. **EBT TRANSACTION COSTS; ~~APPROVAL FROM LEGISLATURE.~~**

147.16 The commissioner of human services shall ~~request and receive approval from the~~  
147.17 ~~legislature before adjusting the payment to~~ discontinue the state subsidy to retailers for  
147.18 electronic benefit transfer transaction costs Supplemental Nutrition Assistance Program  
147.19 transactions when the federal government discontinues the federal subsidy to the same.

371.15 Sec. 31. Laws 1998, chapter 407, article 6, section 116, is amended to read:

371.16 Sec. 116. **EBT TRANSACTION COSTS; ~~APPROVAL FROM LEGISLATURE.~~**

371.17 The commissioner of human services shall ~~request and receive approval from the~~  
371.18 ~~legislature before adjusting the payment to~~ not subsidize retailers for electronic benefit  
371.19 transfer transaction costs Supplemental Nutrition Assistance Program transactions.

371.20 **EFFECTIVE DATE.** This section is effective 30 days after the commissioner

371.21 notifies retailers of the termination of their agreement with the state. The commissioner of

371.22 human services must notify the revisor of statutes of that date.

371.23 Sec. 32. Laws 2011, First Special Session chapter 9, article 1, section 3, the effective  
371.24 date, is amended to read:

371.25 **EFFECTIVE DATE.** This section is effective ~~January 1, 2013~~ July 1, 2014.

371.26 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2013.

147.20 Sec. 36. **DIRECTION TO COMMISSIONERS; INCOME AND ASSET**

147.21 **EXCLUSION.**

147.22 (a) The commissioner of human services shall not count conditional cash transfers  
147.23 made to families participating in a family independence demonstration as income or  
147.24 assets for purposes of determining or redetermining eligibility for child care assistance  
147.25 programs under Minnesota Statutes, chapter 119B; general assistance under Minnesota  
147.26 Statutes, chapter 256D; group residential housing under Minnesota Statutes, chapter 256I;  
147.27 the Minnesota family investment program, work benefit program, or diversionary work  
147.28 program under Minnesota Statutes, chapter 256J, during the duration of the demonstration.

147.29 (b) The commissioner of human services shall not count conditional cash transfers  
147.30 made to families participating in a family independence demonstration as income or assets  
147.31 for purposes of determining or redetermining eligibility for medical assistance under  
147.32 Minnesota Statutes, chapter 256B, and MinnesotaCare under Minnesota Statutes, chapter  
147.33 256L, except that for enrollees subject to a modified adjusted gross income calculation to  
147.34 determine eligibility, the conditional cash transfer payments shall be counted as income if  
148.1 they are included on the enrollee's federal tax return as income, or if the payments can be  
148.2 taken into account in the month of receipt as a lump sum payment.

148.3 (c) The commissioner of the Minnesota Housing Finance Agency shall not count  
148.4 conditional cash transfers made to families participating in a family independence  
148.5 demonstration as income or assets for purposes of determining or redetermining eligibility  
148.6 for housing assistance programs under Minnesota Statutes, section 462A.201, during  
148.7 the duration of the demonstration.

148.8 (d) For the purposes of this section:

148.9 (1) "conditional cash transfer" means a payment made to a participant in a family  
148.10 independence demonstration by a sponsoring organization to incent, support, or facilitate  
148.11 participation; and

372.9 Sec. 34. **DIRECTION TO COMMISSIONERS; INCOME AND ASSET**

372.10 **EXCLUSION.**

372.11 (a) The commissioner of human services shall not count conditional cash transfers  
372.12 made to families participating in a family independence demonstration as income or  
372.13 assets for purposes of determining or redetermining eligibility for child care assistance  
372.14 programs under Minnesota Statutes, chapter 119B; general assistance under Minnesota  
372.15 Statutes, chapter 256D; group residential housing under Minnesota Statutes, chapter 256I;  
372.16 the Minnesota family investment program, work benefit program, or diversionary work  
372.17 program under Minnesota Statutes, chapter 256J; or the MinnesotaCare program under  
372.18 Minnesota Statutes, chapter 256L, during the duration of the demonstration.

372.19 (b) The commissioner of human services shall not count conditional cash transfers  
372.20 made to families participating in a family independence demonstration as income or assets  
372.21 for purposes of determining or redetermining eligibility for medical assistance under  
372.22 Minnesota Statutes, chapter 256B, and MinnesotaCare under Minnesota Statutes, chapter  
372.23 256L, except that for enrollees subject to a modified adjusted gross income calculation to  
372.24 determine eligibility, the conditional cash transfer payments shall be counted as income if  
372.25 they are included on the enrollee's federal tax return as income, or if the payments can be  
372.26 taken into account in the month of receipt as a lump sum payment.

372.27 (c) The commissioner of the Minnesota Housing Finance Agency shall not count  
372.28 conditional cash transfers made to families participating in a family independence  
372.29 demonstration as income or assets for purposes of determining or redetermining eligibility  
372.30 for housing assistance programs under Minnesota Statutes, section 462A.201, during  
372.31 the duration of the demonstration.

372.32 (d) For the purposes of this section:

372.33 (1) "conditional cash transfer" means a payment made to a participant in a family  
372.34 independence demonstration by a sponsoring organization to incent, support, or facilitate  
372.35 participation; and

148.12 (2) "family independence demonstration" means an initiative sponsored or  
148.13 cosponsored by a governmental or nongovernmental organization, the goal of which is  
148.14 to facilitate individualized goal-setting and peer support for cohorts of no more than 12  
148.15 families each toward the development of financial and nonfinancial assets that enable the  
148.16 participating families to achieve financial independence.

148.17 (e) The citizens league shall provide a report to the legislative committees having  
148.18 jurisdiction over human services issues by July 1, 2016, informing the legislature on the  
148.19 progress and outcomes of the demonstration under this section.

148.20 Sec. 37. **UNIFORM BENEFITS FOR CHILDREN IN FOSTER CARE,**  
148.21 **PERMANENT RELATIVE CARE, AND ADOPTION ASSISTANCE.**

148.22 Using available resources, the commissioner of human services, in consultation with  
148.23 representatives of the judicial branch, county human services, and tribes participating in  
148.24 the American Indian child welfare initiative under Minnesota Statutes, section 256.01,  
148.25 subdivision 14b, together with other appropriate stakeholders, which might include  
148.26 communities of color; youth in foster care or those who have aged out of care; kinship  
148.27 caregivers, foster parents, adoptive parents, foster and adoptive agencies; guardians ad  
148.28 litem; and experts in permanency, adoption, child development, and the effects of trauma,  
148.29 and the use of medical assistance home and community-based waivers for persons with  
148.30 disabilities, shall analyze benefits and services available to children in family foster care  
148.31 under Minnesota Rules, parts 9560.0650 to 9560.0656, relative custody assistance under  
148.32 Minnesota Statutes, section 257.85, and adoption assistance under Minnesota Statutes,  
148.33 chapter 259A. The goal of the analysis is to establish a uniform set of benefits available  
148.34 to children in foster care, permanent relative care, and adoption so that the benefits  
148.35 can follow the child rather than being tied to the child's legal status. Included in the  
149.1 analysis is possible accessing of federal title IV-E through guardianship assistance. The  
149.2 commissioner shall report findings and conclusions to the chairs and ranking minority  
149.3 members of the legislative committees and divisions with jurisdiction over health and  
149.4 human services policy and finance by January 15, 2014, and include draft legislation  
149.5 establishing uniform benefits.

149.6 Sec. 38. **WAIVER PROCESS RELATED TO CHILD CARE PROVIDER**  
149.7 **CHOICE.**

149.8 The commissioner of human services, within available appropriations, shall develop  
149.9 a simple waiver process related to Minnesota Statutes, section 119B.09, subdivision 5,  
149.10 that requires the parent or guardian to submit notice of a preferred alternative child care  
149.11 arrangement. The commissioner must monitor the waiver process and report on the usage  
149.12 of waivers to the legislature.

373.1 (2) "family independence demonstration" means an initiative sponsored or  
373.2 cosponsored by a governmental or nongovernmental organization, the goal of which is  
373.3 to facilitate individualized goal-setting and peer support for cohorts of no more than 12  
373.4 families each toward the development of financial and nonfinancial assets that enable the  
373.5 participating families to achieve financial independence.

373.11 Sec. 36. **REDUCTION OF YOUTH HOMELESSNESS.**

149.13 Sec. 39. **REPEALER.**

149.14 (a) Minnesota Statutes 2012, section 256J.24, subdivision 6, is repealed effective  
149.15 July 1, 2014.

149.16 (b) Minnesota Statutes 2012, section 609.093, is repealed effective the day following  
149.17 final enactment.

373.12 (a) The Minnesota Interagency Council on Homelessness established under the  
373.13 authority of Minnesota Statutes, section 462A.29, as it updates its statewide plan to  
373.14 prevent and end homelessness, shall make recommendations on strategies to reduce the  
373.15 number of youth experiencing homelessness and to prevent homelessness for youth who  
373.16 are at risk of becoming homeless.

373.17 (b) Recommended strategies must take into consideration, to the extent feasible,  
373.18 issues that contribute to or reduce youth homelessness including, but not limited to, mental  
373.19 health, chemical dependency, trafficking of youth for sex or other purposes, exiting foster  
373.20 care, and involvement in gangs. The recommended strategies must include supportive  
373.21 services as outlined in Minnesota Statutes, section 256K.45, subdivision 5.

373.22 (c) The council shall provide an update on the status of its work by December 1,  
373.23 2014, to the legislative committees with jurisdiction over housing, homelessness, and  
373.24 matters pertaining to youth. If the council determines legislative action is required to  
373.25 implement recommended strategies, the council shall submit proposals to the legislature at  
373.26 the earliest possible opportunity.

373.27 Sec. 37. **REPEALER.**

373.28 (a) Minnesota Statutes 2012, sections 256J.24, subdivision 6; and 256K.45,  
373.29 subdivision 2, are repealed.

373.30 (b) Minnesota Statutes 2012, section 609.093, is repealed.

373.31 **EFFECTIVE DATE.** Paragraph (b) is effective the day following final enactment.